



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Medicare Hearings and Appeals**

REQUEST TO CORRECT, AMEND, OR DELETE A RECORD(S)

Records will only be corrected, amended, or deleted if the Office of Medicare Hearings and Appeals (OMHA) determines that the record is not accurate, timely, complete, or relevant or necessary to accomplish an OMHA function based on a preponderance of the evidence. **Only the individual identified in the particular record may make such a request.**

Please identify the record(s) in question. For each record, you must include: 1) the title; 2) date it was created/mailed; 3) whether you want to correct, amend, or delete it; 4) how you want it corrected or amended, if applicable; and 5) why you want it corrected, amended or deleted. If you need more room please attach another sheet of paper. Please attach any supporting evidence.

The records in question come from (please check one) :

Hard Copy Case File Medical/Vocational Expert File Medicare Appeals System (MAS)

If you are an Appellant, please provide the following information:

Name		ALJ Appeal Number
Health Insurance Claim (HIC) Number	Social Security Number	Date of Birth
Phone Number ()	E-mail	

If you are a Medical or Vocational Expert, please provide the following information:

Name		Profession
Specialty	Social Security Number	Date of Birth
Phone Number ()	E-mail	

The OMHA will either send you an acknowledgment of receipt of request or the decision with regard to your request within 10 working days of receiving this request. If the OMHA approves your request, you will also be notified in writing of all prior disclosures of the record to other individuals. All previous recipients of the record will be informed of the corrective action. If the OMHA denies your request, you have the right to appeal. Your appeal must be in writing and be sent to:

Attn: Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201.

PRIVACY ACT STATEMENT

The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(h)(1), and 1876 of Title XVIII). The information provided will be used to further document your appeal. The Social Security Number will be used to verify the identity of the individual appellant. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Office of Medicare Hearings and Appeals to another person or governmental agency only with respect to the Medicare Program and to comply with Federal laws requiring the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.