



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

WAIVER OF RIGHT TO AN
ADMINISTRATIVE LAW JUDGE (ALJ) HEARING

Instructions: If you are an appellant or other party to a hearing before an Administrative Law Judge (ALJ) with the Office of Medicare Hearings and Appeals (OMHA), you may waive your right to the oral hearing and request that a decision be made based on the record.

If you are the appellant and want your appeal to be decided without a hearing, complete this form and include it with your request for an ALJ hearing (form OMHA-100) or, if you have already filed your request for an ALJ hearing, send this form to the assigned OMHA adjudicator (visit www.hhs.gov/omha and use the appeal status lookup tool to find your assigned adjudicator).

If all of the parties to the appealed matter who would be sent a notice of hearing do not also waive the ALJ hearing (for example, a provider or supplier that was held financially responsible for the denied items or services), or the assigned ALJ or attorney adjudicator believes a hearing is necessary to decide the appeal, a hearing may be held by an ALJ, and the ALJ will issue the decision or other dispositive order in the appeal.

Section 1: What is the OMHA appeal number or the reconsideration (Medicare appeal or case) number?

OMHA Appeal Number (if known) | Reconsideration Number (if OMHA appeal number not known)

Section 2: What is the information for the party waiving the hearing? (Representative information in next section)

Name (First, Middle initial, Last) | Firm or Organization (if applicable) | Telephone Number

Section 3: What is the representative's information? (Skip if you do not have a representative)

Name | Firm or Organization (if applicable) | Telephone Number

Section 4: Explain why you wish to waive your right to an ALJ hearing and have the appeal decided based on the record:

Section 5: Acknowledge the following by signing and dating this form:

I understand that I may have a right to a hearing before an ALJ. I understand that having an ALJ hearing would provide me with the opportunity to present oral testimony and to present and/or question witnesses. I understand that this opportunity to be seen and heard could be helpful to the ALJ in making a decision.

I understand that my waiver of an ALJ hearing does not affect the right of other parties to an ALJ hearing.

I understand that even if all parties waive their right to an ALJ hearing, if the ALJ determines that a hearing is necessary to obtain testimony from a non-party, the ALJ may still hold a hearing to obtain that testimony. If a hearing is held, the ALJ will offer the parties the opportunity to appear at the hearing (which may be in person, by telephone or by video-teleconference), but may hold the hearing even if none of the parties decide to appear. I understand that if a hearing is held and I do not attend the hearing, I still have the right to submit written evidence.

I understand that my waiver may be denied if it is determined that my attendance is necessary to decide the appeal.

If I change my mind and decide that I would like a hearing before an ALJ, I understand I must submit a withdrawal of this waiver (see form OMHA-114) before a notice of decision or other dispositive order is issued by an ALJ or attorney adjudicator. If I withdraw my waiver of hearing, I understand that any applicable time frame to decide the appeal may be extended in order to schedule and hold the hearing. I also understand that if a hearing has already been conducted, the ALJ may decide not to conduct another one.

Party or Representative Signature | Date

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(b)(1), and 1876 of Title XVIII). The information provided will be used to further document your appeal. 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.

If you need large print or assistance, please call 1-855-556-8475