



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

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

Instructions: If you are a party to the appeal who previously waived your right to a hearing before an Administrative Law Judge (ALJ) with the Office of Medicare Hearings and Appeals (OMHA) and requested that a decision be made based on the record, but you have now changed your mind, you may withdraw your waiver if a notice of decision or other dispositive order has not yet been issued by an ALJ or attorney adjudicator.

To withdraw your prior waiver, complete this form and send it to the assigned OMHA adjudicator (visit www.hhs.gov/omha and use the appeal status lookup tool to find your assigned adjudicator). If an adjudicator has not yet been assigned, send this form to OMHA Central Operations, Attention: Waiver Mail Stop (visit www.hhs.gov/omha or call the number at the bottom of this form for the full mailing address).

Please note that even if you withdraw your waiver of the right to an ALJ hearing, an ALJ or attorney adjudicator may still decide your appeal without a hearing under certain circumstances set forth in 42 C.F.R. sections 405.1038 and 423.2038 (for example, 42 C.F.R. section 405.1038(a) provides that a decision may be issued without a hearing when the evidence in the administrative record supports a finding fully in favor of the appellant(s) on every issue and no other party to the appeal is liable for the claim(s) at issue).

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

Table with 2 columns: OMHA Appeal Number (if known), Reconsideration Number (if OMHA appeal number not known)

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

Table with 3 columns: 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)

Table with 3 columns: Name, Firm or Organization (if applicable), Telephone Number

Section 4: Please acknowledge the following by signing and dating this form:

I want to withdraw my previous waiver of my right to have a hearing before an ALJ. I understand that the ALJ or attorney adjudicator assigned to adjudicate my appeal will not honor my withdrawal if a notice of decision or other dispositive order has already been issued in my appeal.

Table with 2 columns: 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.

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