



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

FILING OF NEW EVIDENCE

Instructions: If you have new evidence to submit, 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 or if you are a party but not the appellant, send this form to the assigned Office of Medicare Hearings and Appeals (OMHA) adjudicator (visit www.hhs.gov/omha and use the appeal status lookup tool to find your assigned adjudicator).

Unless you are an unrepresented beneficiary or enrollee, any additional evidence you wish to have considered in your appeal must be submitted with your request for hearing, by the date specified in your request for hearing, or if a hearing is scheduled, within 10 calendar days of receiving the notice of hearing from OMHA.

If you are a Part D enrollee and you are submitting evidence of a change in condition that occurred after your original coverage determination was made, the OMHA adjudicator will remand (return) your case to the Part D Independent Review Entity that issued your reconsideration for a new decision.

If you are a provider, supplier, or beneficiary represented by a provider or supplier, and you are appealing a reconsideration issued by a Medicare Part A or Part B Qualified Independent Contractor (QIC), any evidence that was not submitted prior to the QIC's reconsideration must be accompanied by a statement explaining why the evidence was not previously submitted.

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 filing new evidence? (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: What is the new evidence that you wish to submit? Please include the evidence with this form and describe the evidence below, including the title, relevance, and date of creation.

Section 5: Sign and date this form.

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