



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Office of Medicare Hearings and Appeals  
**WITHDRAWAL OF WAIVER OF RIGHT TO AN  
ADMINISTRATIVE LAW JUDGE (ALJ) HEARING**

Name of Party Making the Withdraw

Telephone Number

(      )

E-Mail

Appellant Name *(leave blank if same as above)*

Health Insurance Claim (HIC) Number

ALJ Appeal Number

**If you are the Appellant, please read and sign the following statement:**

I want to withdraw my previous waiver of my right to have a hearing before the Administrative Law Judge (ALJ). I understand that the ALJ will not honor my withdrawal if the Notice of Decision has already been issued. I understand that the ALJ may extend the decision-making timeframe beyond the normal period in order to schedule and hold the hearing.

Appellant Name

Appellant Signature

Date

**If you are a Party to the appeal, but not the appellant, please read and sign the following statement:**

I want to withdraw my previous waiver of my right to have a hearing before the Administrative Law Judge (ALJ). I understand that the ALJ will not honor my withdrawal if the scheduled hearing has already occurred. I understand that the ALJ may extend the decision-making timeframe beyond the normal period in order to schedule and hold the hearing.

Party Name

Party 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(h)(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. 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.