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

REQUEST FOR ADMINISTRATIVE LAW JUDGE (ALJ) HEARING OR REVIEW OF DISMISSAL — MULTIPLE CLAIM ATTACHMENT

Provide the following information for each beneficiary or enrollee whose claim is being appealed from the Reconsideration or Dismissal. Failure to specify a beneficiary or enrollee or date of service may result in the claim not being considered by the ALJ.

Beneficiary or Enrollee Name	HICN	Beneficiary or Enrollee Address, City, State, Zip	Date(s) of Service	Date Copy of Request Sent*

Use additional sheets as necessary.

*See Section 10 of form OMHA-100 for information on this requirement. Indicate "n/a" if the beneficiary or enrollee was not sent a copy of the Reconsideration or Dismissal.

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

OMHA-100A (01/17)

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