

REQUEST FOR ADMINISTRATIVE HEARING
Appeal of Penalty Assessed Pursuant to Health and Safety Code §128770

Facility Name:

OSHPD ID Number:

Report Type:	Quarterly Financial and Utilization	Inpatient Data
	LTC Annual Financial	Emergency Department Data
	Hospital Annual Financial	Ambulatory Surgery Data
		CABG Patient Data

Report Period:

MM/DD/YY-MM/DD/YY

Administrator Name:

Facility Representative, if different:

Contact information for the person (Administrator or other facility representative) authorized to represent the facility and to receive notices and documents relating to the hearing proceedings, including the final decision of the HCAI Director:

Name: _____ Title: _____

Organization:

Street Address:

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Email: _____

Appellant appeals the attached penalty assessment of the Department of Health Care Access and Information and requests an administrative hearing under Health and Safety Code §128775.

I have attached a copy of the penalty notice. (Please initial box)

Provide a statement of the basis of your appeal.

I have attached a statement. (Please initial box)

Name: _____ Title: _____
Please Print Please Print

Signature _____ Date: _____

Original/Digital Signature Required

*If you are appealing two or more penalties and wish to request consolidation of the proceedings because the facts, circumstances and issues are similar, you may submit a **“REQUEST FOR CONSOLIDATION OF APPEALS PROCEEDINGS”** form. To obtain a copy of the form, use the contact information listed in the penalty letter.