

REQUEST FOR CONSOLIDATION OF APPEALS PROCEEDINGS

Appellant (Primary Contact or other facility representative identified on REQUEST FOR ADMINISTRATIVE HEARING) has appealed the penalty assessments identified below (or on attached list) and requests that the appeals be consolidated for hearing because facts, circumstances and issues are similar. (Provide explanation below.)

<u>HCAI ID</u>	<u>Company Name</u>	<u>Report Type</u>	<u>Report Date (MM/DD/YY)</u>	<u>Penalty Letter Date (MM/DD/YY)</u>
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I have attached a list. (Please initial in the box)

Explanation of request for consolidation:

I have attached an explanation. (Please initial in the box)

Name: _____ Title: _____
Please Print Please Print

Signature: _____ Date: _____
Original Signature Required

Send to:

Legal Office, Attn: Hearing Officer
Department of Health Care Access & Information
2020 West El Camino Avenue
Sacramento, CA 95833

HearingOfficer@HCAI.CA.GOV