

REQUEST FOR ADMINISTRATIVE HEARING

Hospital Fair Billing Program

Appeal of Penalty Assessed Pursuant to Health and Safety Code § 127436(c) and Title 22, California Code of Regulations Section 96051.32

Note: You have 30 calendar days from the date the administrative penalty was issued to file an appeal.

A. ADMINISTRATIVE PENALTY INFORMATION

Hospital Name: _____

Date of Administrative Penalty Notice: _____

B. REPRESENTATIVE INFORMATION

Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

C. APPEAL INFORMATION

This is an appeal of:

Penalty Number _____, Violation(s) _____

I have attached a copy of the Administrative Penalty Notice. _____ (Initial)

I have attached a statement of the basis of the appeal. _____ (Initial)

D. SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Original/Digital Signature Required

****No later than five calendar days after filing the request for hearing, you must provide a copy of this Request for Administrative Hearing to the Hospital Fair Billing Program by email at HFBP@hcai.ca.gov.**

*If you are appealing two or more Administrative Penalty Notices based on the same policies and wish to request consolidation of the proceedings, you may submit a "REQUEST FOR CONSOLIDATION OF APPEALS PROCEEDINGS" form. To obtain a copy of the form, visit hcai.ca.gov/hearing-office or contact the Office of Appeals and Hearings using the information below.

Submit your completed form and supporting documents by mail or email to: Department of Health Care Access and Information, Office of Appeals and Hearings, 2020 West El Camino Avenue, Suite 1217 Sacramento, CA 95833. Email: HearingOfficer@hcai.ca.gov