REQUEST FOR HEARING

This request must be filled out in its entirety and filed with the Utah Office of Inspector General, WITHIN THIRTY (30) DAYS OF THE DATE OF THE NOTICE OF RECOVERY.

Person Requesting Hearing	Email	Phone #
Medicaid Provider Name		Provider #
Address		
Please explain the reason for requesting	g a hearing and list the facts and ex	planations for this request of relief:
You may represent yourself, have anoth be represented by an attorney, the attorn scheduled hearing or prehearing. Will	ney must file a Notice of Appearan	an attorney to represent you. If you will ce at least ten (10) days before any Yes No
Name of Representative/Attorney		
Address		
Email		Phone #
YOU MUST ENCLOSE A COPY (OF THE NOTICE OF RECOVE	RY related to this request for hearing.
Signature of person requesting hearing		Date
Name and email address of additional p	person(s) you would like to be notif	fied of your hearing:
SEND REQUEST TO:		
	S. Post Office Fice of Inspector General Utah Office	or FedEx e of Inspector General

Telephone: 801-538-6087 Fax: 801-538-6382 Email: oighearings@utah.gov

Attn: Hearings

288 North 1460 West

Salt Lake City, UT 84116-3231

Attn: Hearings

PO Box 143103

Salt Lake City, UT 84114-3103

NOTE: Please be aware that it is the sender's responsibility to protect Personal Health Information (PHI).