

Fair Hearing Request Summary (Addendum)

Instructions: Complete, sign and upload this form to the HHSC Benefits Portal. Email the assigned hearings officer a copy of this form.

Appeal ID:	Appellant's Name:	EDG No. (TIERS Only):
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1. Fair Hearing Information

Date:	Time:	Hearings Officer:
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2. Fair Hearing Addendum Details

Include any modifications to the Fair Hearing Request Summary, and the reason for the request, in the space below.

Completed By:	Date:	Area Code and Phone No.:
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