



# REQUEST FOR APPEAL

To: Health and Human Services (HHSC) Appeals Division  
P.O. Box 149030, Mail Code W-613  
Austin, Texas 78714-9030  
Email to: [OCC\\_Appeals\\_ContestedCases@hhs.texas.gov](mailto:OCC_Appeals_ContestedCases@hhs.texas.gov)

Re: Name of Individual: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Facility Account Number: \_\_\_\_\_

Legally Authorized Representative (LAR): \_\_\_\_\_  
Relationship to Individual: \_\_\_\_\_  
LAR's Address: \_\_\_\_\_  
LAR's Phone Number: \_\_\_\_\_  
LAR's Email Address: \_\_\_\_\_

ATTN: ADMINISTRATIVE LAW JUDGE (ALJ)  
I wish to appeal a fee assessed for the support, maintenance, and treatment of the individual named above.  
The fee is based on \_\_\_\_\_ source of fund. The reason I'm appealing the fee is

APPEARANCE (check only one)  
 I wish to have the hearing by telephone conference.  
 I (or my representative) will appear in person at the hearing.  
 I wish to have a document hearing in which the ALJ makes a decision based solely upon documentation submitted by myself and HHSC

REPRESENTATION (check only one)  
 I will represent myself.  
 I choose to be represented by: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

DOCUMENTS TO BE CONSIDERED BY THE ADMINISTRATIVE LAW JUDGE  
I understand that if I intend for the ALJ to consider any of my documents, then I must file such documents with the HHSC Appeals Division (at the above address) and submit a copy of the documents to the HHSC staff member responsible for representing HHSC in the appeal. I also understand that HHSC must file its documents with the HHSC Appeals Division and submit a copy of the documents to me or my representative.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For assistance completing this form, contact the Reimbursement Manager at the facility where the fee was assessed.