

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE DCH	CASE TYPE PROP	DOCKET NUMBER	COUNTY	JUDGE
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DEPARTMENT OF COMMUNITY HEALTH (DCH) MEDICAID PROVIDER REFERRALS

DATE OF REQUEST FOR HEARING: _____

County of Provider Residence or Place of Business: _____

CONTACT PERSON IN REFERRING AGENCY:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	OTHER CONTACT NUMBER	EMAIL:

ATTORNEY FOR REFERRING AGENCY

ATTORNEY NAME (IF DIFFERENT FROM ABOVE) :	TEL NO:	FAX NO:
ATTORNEY ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO.:	EMAIL:

PROVIDER

NAME:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE		EMAIL:
IF NON-AGENCY PARTY IS A CORPORATION, INDICATE REGISTERED AGENT:	TEL NO:	FAX NO:
ADDRESS OF REGISTERED AGENT INCLUDING ZIP CODE:	RELATIONSHIP TO CORPORATION:	EMAIL:

PROVIDER ATTORNEY

ATTORNEY NAME:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

PARTY REQUESTING HEARING: REFERRING AGENCY NON-AGENCY PARTY NON-AGENCY PARTY'S ATTORNEY
FOR PURPOSES OF THIS HEARING, THE PARTY INDICATED WILL BE: PETITIONER RESPONDENT IN THIS MATTER

DOCUMENT INITIATING THIS HEARING: As "Attachment 1" to this form (attach the document initiating the hearing).

ISSUES TO BE RESOLVED: As "Attachment 2", attach an outline of legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing.

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes (state or Federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: In addition to routine service on the agency's attorney, the agency contact person requests the following:

- No service of documents prior to certification of the file to the agency after a decision
- Service of all documents prior to certification of the file to the agency after a decision
- Service of a copy of the Notice of Hearing Service of a copy of a Continuance Service of a copy of any interim orders.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.

Revised 12/6/07