



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Medicare Hearings and Appeals

RESPONSE TO NOTICE OF HEARING

Instructions: Complete sections 2 through 8 below, as applicable, and return this form to the assigned Administrative Law Judge (ALJ) within 5 days of receiving the Notice of Hearing. For expedited Part D hearings, contact the ALJ at the telephone number provided in the letterhead of the Notice of Hearing or complete and return this form to the assigned ALJ within 2 days of receiving the Notice of Hearing.

Please note that only a party to the hearing may call witnesses; object to the time, place, or type of hearing; object to the statement of issues to be decided at the hearing; or object to the assigned ALJ (sections 4 through 6 below). Non-party participants are not permitted to call witnesses and may not file objections.

Section 1: Hearing information. [TO BE COMPLETED BY THE OFFICE OF MEDICARE HEARINGS AND APPEALS]

Form with fields for OMHA Appeal Number, Appellant, Type of Hearing (Telephone, Video-Teleconference, In-Person), Assigned ALJ, Hearing Day of Week, Hearing Date, Hearing Time, Telephone Hearing Call-in Number, Passcode or Collaboration Code, VTC or In-Person Hearing Address, City, State, ZIP Code.

Section 2: What is the responding party's or participant's information? (Representative information in next section)

Form with fields for Name (First, Middle initial, Last), Firm or Organization (if applicable), Telephone Number.

If the respondent is an entity or organization, please list all individuals who plan to attend the hearing and the capacity in which they are attending:

Section 3: What is the representative's information? (Skip if you do not have a representative)

Form with fields for Name, Firm or Organization (if applicable), Telephone Number.

Section 4: Do you intend to call any witnesses to provide testimony at the hearing?

- No.
Yes, I intend to call the following witnesses:

Section 5: Will you be present at the time and place shown above? (Check one)

- I will be present at the time and place shown on the Notice of Hearing. If an emergency arises after I submit this response and I cannot be present, I will notify the ALJ at the telephone number shown in the letterhead of the Notice of Hearing as soon as possible.
I cannot be present at the time and place shown on the Notice of Hearing and would like to request that my hearing be rescheduled. I understand that the ALJ has the discretion to change the time and place of the hearing as long as my explanation for my request to reschedule meets the good cause standard for changing the time and place of the hearing.

I would like to reschedule my hearing for the following date and time, and I have good cause to reschedule my hearing because:

- I want to waive my right to appear at the ALJ hearing. (Please complete form OMHA-104 and attach it to this response.)

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**Section 6: Do you object to any of the following conditions? (Check all that apply)**

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**I object to the type of hearing scheduled.** If you are an unrepresented beneficiary or enrollee, and a telephone hearing is scheduled, you have the right to request that a VTC hearing be held instead if VTC technology is available .

For all other parties, if a telephone hearing is scheduled, the ALJ may find good cause for an appearance by VTC if he or she determines that VTC is necessary to examine the facts or issues involved in the appeal.

If a telephone or VTC hearing is scheduled and the party, including an unrepresented beneficiary or enrollee, requests that an in-person hearing be held instead, the ALJ, with the agreement of the Chief ALJ or designee, may find good cause for an in-person hearing if VTC or telephone technology is not available, or if special or extraordinary circumstances exist.

I object to the type of hearing scheduled and request a (*check one*)  VTC **or**  in-person hearing because:

**Note:** No explanation is required if you are an unrepresented beneficiary or enrollee requesting a VTC hearing.

**I object to the issues described in the Notice of Hearing.** I understand that I must send a copy of my objection to the issues to all the other parties who were sent a copy of the Notice of Hearing, and to CMS or a CMS contractor that elected to be a party to the hearing (if you do not have these addresses, please contact the ALJ's adjudication team at the telephone number shown in the letterhead of the Notice of Hearing). I understand that the ALJ will make a decision on my objection either in writing, at a prehearing conference, or at the hearing. I object to the issues described in the Notice of Hearing because:

**I object to the ALJ assigned to my appeal.** I understand that an ALJ cannot adjudicate an appeal if he or she is prejudiced or partial with respect to any party or has an interest in the matter pending for decision, and that I may object to the ALJ assigned to my appeal for these reasons. I understand that the ALJ will consider my objection and decide whether to proceed with the appeal or withdraw. I understand that if I object to the ALJ assigned to my appeal, and the ALJ subsequently withdraws from the appeal, another ALJ will be assigned, and any applicable adjudication time frame will be extended by 14 calendar days. I object to the assigned ALJ because:

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**Section 7: If you are the appellant, do you want to waive or extend the time frame to decide your appeal? (If yes, check one)**

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**I want to waive the time frame for the ALJ to decide my appeal.** I understand that by waiving this time frame, the ALJ does not have to decide my appeal within any applicable adjudication period that would otherwise apply.

**I want to extend the time frame for the ALJ to decide my appeal.** I want the time frame to be extended \_\_\_\_\_ calendar days beyond any applicable adjudication period.

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**Section 8: Sign and date this form.**

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Party, Participant or Representative Signature

Date

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**Privacy Act Statement**

The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(b)(1), and 1876 of Title XVIII). The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Office of Medicare Hearings and Appeals to another person or governmental agency only with respect to the Medicare Program and to comply with Federal laws requiring the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.

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**If you need large print or assistance, please call 1-855-556-8475**

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