

## REQUEST FOR IN-PERSON HEARING

Please complete the following information and return to the Oklahoma Health Care Authority **no later than ten days** prior to the hearing to: Oklahoma Health Care Authority, Grievance Docket Clerk, Legal Division, P.O. Drawer 18497, Oklahoma City, OK 73154-0497. Fax Number: 405-530-3444 Phone Number: 405-522-7217, email: docketclerk@okhca.org . A form not received back in time could result in the denial of the request. **You will be notified only if your request is denied.** 

Member Information		
Member Name:		_Member ID:
Member Mailing Address:		
City:	State:	Zip Code:
Contact Number: ()		
Email Address:		
<ul> <li>Signature of Member/Authorized</li> <li>Location and Parking</li> <li>The Oklahoma Health Care August Blvd., Oklahoma City, OK 7310 streets on the west side of Line</li> <li>Enter the building through the Once inside the building, the Visitor parking is located at number of handicapped park</li> </ul>	uthority's physica 05 and is located ncoln Blvd. ne main entrance re will be a recept t the front of the king.	between NW 36 <sup>th</sup> and 50 <sup>th</sup> that faces Lincoln Blvd. tionist that can assist you.
Date Received:	OHCA USE ONLY	
Forward to Attorney:		
Forward to ALJ:		
Member contacted:		





