



REQUEST FOR TELEPHONIC 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. ***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: _____

State why you need a telephonic hearing:

Signature of Member/Authorized Representative

Date

OHCA USE ONLY

Date Received: _____

Forward to Attorney: _____

Forward to ALJ: _____

Member contacted: _____



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767