



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

REQUEST FOR COPY OF RECORD(S):
THIRD-PARTY WITH THE INDIVIDUAL APPELLANT'S CONSENT

This form is only applicable to third-parties with consent from the individual appellant.

I, _____, am requesting a copy of the following record(s) from the Office of Medicare Hearings and Appeals, Department of Health and Human Services. I have received written consent from the appellant to have copies of the appellant's record(s).

Please check if applicable: [] I am requesting a copy of the entire record [] I am requesting a partial copy of the

NOTE: If you are not requesting a copy of the entire record, please specify below in detail the record(s) you are requesting. Include the title of the record and the date it was sent/created. If you need more room please attach another sheet of

Please provide the information for the appellant if available:

Form with fields for Name, ALJ Appeal Number, Health Insurance Claim (HIC) Number, Social Security Number, and Date of Birth.

Please check if applicable: [] I have already received a copy of the record(s) I am requesting.

The requested record(s) will be sent to the following address:

Form with fields for Street, City, State, ZIP Code, and Third-Party's Phone Number.

APPELLANT CONSENT

Please attach the individual appellant's original written consent that authorizes you to have copies of the individual appellant's record(s). You should use the form entitled "Individual Appellant's Consent to Third-Party for Copies of the Individual Appellant's Record(s)," HHS-721, to satisfy these requirements.

HOW TO CALCULATE FEES

You may be charged a fee for photocopying. Copying of records susceptible to photocopying is assessed at 10 cents per page and copying of records not susceptible to photocopying is assessed at actual cost. No charge will be made if the total amount of copying does not exceed \$25.

The OMHA will make every effort to deliver a copy of the requested records before the date of the hearing.

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(h)(1), and 1876 of Title XVIII). The information provided will be used to further document your appeal.