



Department of Health and Human Services
OFFICE OF MEDICARE HEARINGS AND APPEALS

WAIVER OF 20-DAY ADVANCE WRITTEN NOTICE OF HEARING

CASE NAME (<i>Appellant Name</i>)	ALJ APPEAL NUMBER
OMHA FIELD OFFICE	ALJ ASSIGNED
BENEFICIARY NAME (<i>Leave blank if same as appellant</i>)	HEALTH INSURANCE CLAIM NUMBER

Please check all that apply:

- The undersigned waives the regulatory requirement that a written notice of hearing be mailed or served at least 20 days before a hearing.
- The undersigned waives the regulatory requirement that a written notice of hearing be mailed or served at least 20 days before a hearing so that a hearing may be scheduled before the 20 days have elapsed. The undersigned also understands that other parties may object to a hearing held prior to the 20 days elapsing and that the hearing might not be held until 20 days after notice is mailed or served to other parties that object to the waiver.

_____ Date

_____ Signature

_____ Street Address

_____ City State ZIP Code

_____ Area Code and Telephone Number

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)(l), 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. Information you furnish on this form may be disclosed by the Office of Medicare Hearings and Appeals to another person or government 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.