

|  |
| --- |
| **Department of Vermont Health Access** *Agency of Human Services*  NOB 1 South, 280 State Drive phone: 802-879-5900  Waterbury, VT 05671-1010 fax: 802-871-3090  **dvha.vermont.gov** |

**Request for Appeal of Reconsideration Decision by Program Integrity (PI)**

**Today’s Date:**

**Program Integrity Case #:**

**Provider Name:**

**Provider Number:**

**Date of the Initial Determination Notice (mm/dd/yyyy) (please include a copy of the**

**notice with this request):**

**Reason for Appeal (Include additional pages if necessary):**

**Additional Information PI Should Consider:**

|  |  |  |  |
| --- | --- | --- | --- |
| * **I have evidence to submit.**   Please attach the evidence to this form or attach a statement explaining what you intend to  submit and when you intend to submit it. You may also submit additional evidence at a later  time, but all evidence must be received prior to the issuance of the redetermination.  **Person Appealing** | | | * **I do not have evidence to submit** |
| * **Beneficiary** | * **Provider** | * **Authorized Representative** | |
| **Mailing Address:** | | | |

|  |
| --- |
| **Signature of Provider or Authorized Representative** |
|  |
| **Print Name** |

**Submit Appeal Request and Forms to:**

**Program Integrity Unit**

**Attn: Appeals**

**NOB 1 South, 280 State Drive**

**Waterbury, VT 05671-1010**