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| **Department of Vermont Health Access** *Agency of Human Services*NOB 1 South, 280 State Drive phone: 802-879-5900Waterbury, 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:**

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| * **I have evidence to submit.**

Please attach the evidence to this form or attach a statement explaining what you intend tosubmit and when you intend to submit it. You may also submit additional evidence at a latertime, 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**
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| **Mailing Address:** |

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| **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**