

Instructions:

Use this form if you have been notified that your Medicaid coverage is being terminated because you are no longer eligible.

If you disagree with this notice, you should request a fair hearing. You can request a fair hearing in writing by

1. Mailing:

State of New Jersey

Division of Medical Assistance and Health Services

Fair Hearing Unit

P.O. Box 712

Trenton, NJ 08625-0712

2. Faxing the request with a copy of the entire denial notice to:

1-609-588-2435

Keep a copy of your request and proof of submission e.g. fax confirmation receipt or mail tracking receipt.

You have **20 days** to request the fair hearing (from date of denial), and only **10 days** if you want your coverage to continue during the proceedings.

If you request that your services continue while your appeal is taking place and your Medicaid Fair Hearing outcome is not in your favor, you may be required to pay for the cost of the services.

Your name \_\_\_\_\_

Your home address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your date of birth \_\_\_\_\_

Your phone # \_\_\_\_\_ Date \_\_\_\_\_

I received a termination notice on \_\_\_\_\_ (date).

I received my notice: \_\_\_ by phone \_\_\_ by mail \_\_\_ by email \_\_\_ by fax  
\_\_\_ other (please specify how you found out):  
\_\_\_\_\_

I would like to request a Medicaid Fair Hearing because I do not agree with the decision to terminate my Medicaid coverage. I believe I am still eligible for Medicaid.

\_\_\_\_\_ **Check here if you would like to keep your Medicaid benefits while your appeal is taking place.**

You have the right to an interpreter for the Medicaid Fair Hearing. You can request an Interpreter. You may also bring a relative or friend to interpret for you. (You do not need to check the box if you will bring your own interpreter.)

I am requesting an interpreter for the Medicaid Fair Hearing in the following language: \_\_\_\_\_

## Right to Representation:

You have the right to represent yourself, have someone else represent you, or have legal representation. If you would like legal representation and are not able to pay for it, you can contact one of the following:

- Legal Services of New Jersey at [www.LSNJLawHotline.org](http://www.LSNJLawHotline.org) or call Legal Services of New Jersey at 1-888-576-5529;
- Disability Rights New Jersey (DRNJ) at [advocate@drnj.org](mailto:advocate@drnj.org) or call DRNJ at 1-800-922-7233 (TTY: 711) for free legal and advocacy services for people with disabilities; or
- Community Health Law Project (CHLP) at [chlpinfo@chlp.org](mailto:chlpinfo@chlp.org) or call CHLP at 1-(973) 275-1175 to be directed to the appropriate office serving your county. A list of CHLP offices can also be found at [www.chlp.org](http://www.chlp.org).

Additional help is available if you are disabled or LEP (Limited English Proficient).