



## REQUEST FOR TELEPHONIC HEARING

Please complete the following information and return to the Oklahoma Health Care Authority **no later than ten days** prior to the hearing to: Oklahoma Health Care Authority, Grievance Docket Clerk, Legal Division, P.O. Drawer 18497, Oklahoma City, OK 73154-0497. Fax Number: 405- 530-3444 Phone Number: 405-522-7217. ***A form not received back in time could result in the denial of the request. You will be notified only if your request is denied.***

### Member Information

**Member Name:** \_\_\_\_\_ **Member ID:** \_\_\_\_\_

**Member Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### State why you need a telephonic hearing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Member/Authorized Representative**

\_\_\_\_\_  
**Date**

### OHCA USE ONLY

Date Received: \_\_\_\_\_

Forward to Attorney: \_\_\_\_\_

Forward to ALJ: \_\_\_\_\_

Member contacted: \_\_\_\_\_

Form LD-4 Revised 5/2020



#### ADDRESS

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



#### WEBSITES

okhca.org  
mysoonerca.org



#### PHONE

Admin: 405-522-7300  
Helpline: 800-987-7767