Appeal Rights

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

INSERT REGIONAL OFFICE CONTACT INFORMATION

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

	by phone at				or by e-mail at						
own	expense.	If	you	have	any	questions	regarding	this	matter,	please	contact
and (conclusions	are in	correc	t. At a	ın app	eal hearing,	you may be	e repre	esented by	counse	l at your
law	with which	you d	isagre	e. It s	hould	also specify	y the basis	for co	ntending	that the	findings
A re	quest for a	hearin	g sho	uld ide	ntify	the specific	issues, find	ings o	of fact an	d conclu	sions of