NEW MEXICO ADMINISTRATIVE HEARINGS OFFICE

P.O. Box 6400, Santa Fe, NM 87502 | Phone: (505) 827-0466 | Email:tax.pleadings@aho.nm.gov

EXPEDITED ADJUDICATORY PROCEEDING HEARING REQUEST FORM (HRF)

Name of Medicaid Provider or Subcontractor:	Date Final Determination of Overpayment Served to Provider:
Medicaid Provider No:	Date HRF Served to Inspector General/PIU:
NPI No.:	
Name of Provider Representative:	Provider Representative Mailing and Email Addresses:

LEGAL REPRESENTATION (if applicable)

Name of Attorney:	
Attorney Mailing Address:	Attorney Email Address:

HEARING DETAILS

Length of Adjudicatory Proceeding: ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 or more days	Time Waiver: ☐ Yes ☐ No
Pending Discovery Matters: ☐ Yes ☐ No	Scheduling Conference: ☐ Yes ☐ No

ENCLOSURES (required)

- ☐ Final Determination of Overpayment and Notification (Mandatory)
- ☐ Attorney Entry of Appearance (if applicable)
- ☐ Time Waiver (if applicable)
- ☐ Expedited Adjudicatory HRF
- ☐ Certified Mail Tracking History for Date HRF Served to PIU
- ☐ List of Additional Enclosures (if applicable)

* Request is incomplete if submitted without required enclosures. *

INSTRUCTIONS: 1)Fill out HRF completely; 2) Send HRF to Inspector General/PIU(certified mail); 3) Electronically file this form along with attachments to the Administrative Hearings Office at tax.pleadings@aho.nm.gov or send certified mail to mail to PO Box 6400, Santa Fe, NM 87502.

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