PART A PRE-HEARING INPUT RECORD

RECORD IDENTIFIER

B

H.I. CLAIM NUMBER

ADMISSION/HHA DATE (MMDDYYYY)

SURNAME

GIVEN NAME

PROVIDER NUMBER

REQUESTED BY

BLANK - BENEFICIARY
1. ATTORNEY 3. PROVIDER
2. RELATIVE 4. OTHER

HEARING FILED - (MMDDYYYY)

RECON. INTER.

5011 REC. DATE. - (MMDDYYYY)

DEV. REQ. DATE - (MMDDYYYY)

REFERRED TO RO DATE - (MMDDYYYY)

RETURNED TO INT. DATE - (MMDDYYYY)

DECISION MODIFIED

1. YES
2. NO

HEARING SENT OHA DATE - (MMDDYYYY)

HEARING OFFICE