



North Carolina Department of Health and Human Services
Hearings and Appeals Section

2418 Mail Service Center • Raleigh, North Carolina 27699-2418
Tel: 919-855-3260 • Fax: 984-687-9593 • ZixMail: Medicaid.DSS.State.Appeals@dhhs.nc.gov

REQUEST FOR STATE APPEAL

1473B-Addendum for EXPEDITED MEDICAID Or NCHC Appeals

(Addendum to be completed by county worker **on the date the State Appeal is Requested** & submitted with DSS-1473 & medical records by **Zixmail** to Medicaid.DSS.State.Appeals@dhhs.nc.gov with the Zixmail Subject line showing as **“URGENT-Expedited Appeal”**)

County: _____ DSS Address: _____
(If multiple county offices, be sure to indicate the correct office location)

Appellant: _____ SSN: _____

Items Required for Consideration to have an Expedited MEDICAID or NCHC State Hearing

- ✓ Medical Evidence of Record (MER) - **Must be Zixmailed with this request today** (**Medical documentation must include** medical records consisting of physical examination records, laboratory/pathology/test findings, etc. documenting the appellant’s urgent health need. Just a doctor’s letter giving an opinion of diagnosis/disability/function is **not** sufficient.)
- ✓ Appellant’s daytime phone number: _____
- ✓ Representative’s daytime phone number: _____
- ✓ Appellant’s e-mail address: _____
- ✓ Representative’s e-mail address: _____
- ✓ Brief explanation as to why Appellant/Rep. feels a non-expedited hearing could jeopardize the individual's life, health or ability to attain, maintain, or regain maximum function:

County Worker must:

- ✓ **Call** the Hearings & Appeals Section at 919-855-3260 **on the date** the State Appeal is **Requested** to notify the Hearing & Appeals Section that an Expedited Appeal Request has been sent and to confirm that it has been received.

(DSS Worker Completing form)

(Date completed)

(DSS Worker’s direct phone #)