



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: 919-715-1910 • ZixMail: [Medicaid.DSS.State.Appeals@dhhs.nc.gov](mailto: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 #)*