TRANSMITTAL NOTICE—HEA	RING CASE	Health Insurance Claim Number
TO: Hearing Office (City and State)	Beneficiary's Name	
	Applicant's Name	
FROM: Name and Address and Telephone Number of PRO/FI	Type of Claim	Date of Initial Determination
	Date of Reconsideration Notice	Date of Hearing Request
his File Has Been Examined And We Find That:		
Check Appropriate Block/s)		
1. The documentation is adequate.		
The documentation is not adequate to render a hearing decision. The ne received.	eccessary material has been requested and	will be forwarded to you when
3. The sole issue appears to be whether your office has jurisdiction in this no right to a hearing as the amount in controversy is apparently less that		ocial Security Act, the beneficiary has
4. Although the document is adequate, the request for hearing appears to filing exists.	be not filed timely. It should be first decid	led whether "good cause" for late
A dismissal action is necessary since the beneficiary has no right to a h We are initiating a reconsideration review of the claim for which the he		tion has been rendered.
6. The reconsideration claim is currently being processed. Therefore, the a reconsideration determination has been rendered.	appeal should be dismissed since the bene	ficiary has no right to a hearing befor
7. A dismissal action is necessary since the PRO/FI has determined that the has expired.	nere was no valid request for reconsideration	ion and/or time frame to request same
8. Pursuant to section 1879(d) of the Social Security Act, the provider is c exercising such appeal rights.	determined to be liable and has filed for a	hearing. The beneficiary is not
9. Although an appointment of Representative Form has been signed by the Section 1155 of the Social Security Act.	he beneficiary, the provider cannot represe	ent the beneficiary in appeals under
10. A dismissal action is necessary since the provider has no right to the iss in which services were furnished under Section 1155 of the Social Sectio		
11. The sole issue appears to be whether your office has jurisdiction in this the provider/beneficiary has no right to a hearing, as the amount in cor		ocial Security Act,
Remarks:		
TTACHMENT, X CLAIM FILE	Date HA-5011-U6 Received In This	Office
pproved Or Certified By:	Title	Date