



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

NOTICE OF ADJOURNMENT

Notice Date: June 1, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000002446
Appellant: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

A hearing on your client's appeal was scheduled for May 19, 2015 at 2:00 p.m.

A Hearing Officer called you as scheduled, and at that time you requested an adjournment, because the Marketplace had still not sent an Evidence Packet to you as previously requested.

Your request for an adjournment was granted, and you and your client will be receiving notices to advise you of the new hearing date. We are also requesting that your request for an Evidence Packet be expedited.

Thank you for your courtesy in this matter.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]