



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April, 15 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006015

[REDACTED]

Dear [REDACTED],

On January 5, 2016, the Marketplace issued a notice of enrollment confirmation. You appealed this notice.

On March 11, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 29, 2016, at 1:00PM

On March 29, 2016, a Hearing Officer called you and you were put under oath. Partway through the hearing, the hearing was stopped and a continuance was scheduled for April 4, 2016 so that your daughter could provide testimony. While under oath, you waived the right to notice of this continued hearing. On April 4, 2016, a representative from the Appeals Unit called you because the Hearing Officer was unable to be present for your continued hearing at the scheduled time. You requested that the hearing be rescheduled for April 11, 2016 at 4:00 PM.

On April 11, 2016, the Hearing Officer was able to reach you on the third attempt, at 4:30 PM. You were again placed under oath, and your daughter was placed under oath. However, shortly thereafter, the call was disconnected. The Hearing Office attempted to immediately call you back, and then tried to call you again at 4:35 PM and 4:40 PM, but was only able to reach your voicemail.

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: 1-877-622-4886).

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us, in writing, within 30 days after the date on this notice. In that writing, you must explain why you did not appear for your hearing as scheduled.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to both the Appeal Identification Number and the NY State of Health Account ID at the top of this notice.

How to Contact the Marketplace

You can contact the Marketplace 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: 1-877-622-4886).

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:



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