



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007748

[REDACTED]

Dear [REDACTED],

On February 18, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you and your spouse were newly eligible to receive up to \$712.00 per month in advance payments of the premium tax credit, and newly eligible for cost-sharing reductions, effective April 1, 2016. You appealed this determination.

On August 1, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for August 18, 2016 at 10:00 AM.

On August 18, 2016, a Hearing Officer placed three calls to the telephone number that you provided to NYSOH, at 10:00 AM, 10:15 AM, and 10:30 AM, but was unable to reach you.

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 NYSOH will not review your appeal at this time.

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).

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 of the date on this notice. In that writing, you must explain why you did not appear for your hearing as scheduled.

Please note that there is an indication in the file that you may have a hearing impairment. If this is the case, and you wish to have your hearing rescheduled and be contacted at a different number, please let NYSOH know when you request the dismissal to be vacated.

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

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

Appeal Identification Number

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

How to Contact NYSOH

You can contact NYSOH 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

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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