



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: APM00000000012

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 28, 2015, you requested an appeal insofar as the Marketplace's failure to issue a timely eligibility determination.

On May 14, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for June 8, 2015 at 3:00 pm.

On June 8, 2015, you were contacted by a Hearing Officer from the Marketplace Appeals Unit. You stated that you were unable to participate in the hearing at that time and terminated the telephone call before the hearing could be rescheduled.

On June 9, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for July 16, 2015 at 3:00 pm.

Between 3:00 pm. and 3:30 pm on July 16, 2015, a Hearing Officer from the Marketplace Appeals Unit attempted to contact you using the telephone number that you provided to the Marketplace, 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 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, 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 the 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

## **Legal Authority**

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

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).

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



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