

Washington Apple Health Administrative Hearing Withdrawal

Instructions: To withdraw your request for an administrative hearing, complete this form, sign and date it, and return it to us. You may, but you do not have to, tell us your reason(s) for withdrawing your hearing request.

Your Case Information			
Healthplanfinder Application ID #		DSHS Client ID #	
Docket # (on Notice of Hearing)		Today's Date	
First Name	Middle Initial	Last Name	
Address			
City		State	ZIP
Email Address	Daytime Telephone Number ()		Date Hearing Request Was Filed
Please call the State Administrative Hearing Coordinator if you have any questions:			
Name		Phone Number	
Statement Withdrawing Request for Hearing and Signature			
Please withdraw / cancel the request for an administrative hearing.			
Signature:		Date:	
Print Name:			
Authorized Representative Information (if applicable):			

Send this form to HCA:

- Return in the provided postage-paid envelope; OR
- Mail to: HCA, P.O. Box 45531, Olympia, WA 98504; OR
- Fax to: 1-866-720-2892.

Optional – Reason(s) for Withdrawal