



Jeb Bush
Governor

Jerry Regier
Secretary

Date

Recipient Name
Address

Dear: insert name of recipient:

You submitted the enclosed Fair Hearing Request Form on insert date regarding your Medicaid prescription drug. Your Fair Hearing Request Form is incomplete, and a hearing is not being scheduled at this time because:

No reason provided for denial of drug coverage

You did not indicate appropriate reason for hearing request by circling either number 3, 4, or 5

You did not attach evidence that your doctor tried to get prior authorization or that the drug is not subject to prior authorization.

You or your representative did not sign hearing request under penalty of perjury.

Please feel free to contact the Ombudsman's office toll free at 1-866-490-1901 and/or your local legal services or legal aid office if you have any questions. Do not call this office. If your prescription problem is still not fixed and you believe you are eligible for the prescription, you may resubmit a completed hearing request form to this office at the above address.

**Office of Appeal Hearings • Building 5 • Rm. 203 • 1317 Winewood Boulevard,
Tallahassee, Florida 32399-0700**

The Department of Children and Families is committed to working in partnership with local communities to ensure safety, well-being and self-sufficiency for the people we serve.