PETITION FOR DECLARATORY RULING
FROM THE ALABAMA MEDICAID AGENCY

In accordance with Ala. Code (1975) § 41-22-11 and ALA. ADMIN. CODE r. 560-X-31, the undersigned herein petitions the Alabama Medicaid Agency for a declaratory ruling:

PETITIONER:

Name: _____

Address: _____

_____

_____

Phone: _____

Email: _____

PETITIONER'S REPRESENTATIVE:

Name: _____

Address: _____

_____

_____

Phone: _____

Email: _____

REAL PARTY IN INTEREST:

Is the Petitioner the real party in interest? ☐ Yes ☐ No

- ☐ Medicaid Recipient (Medicaid #_____)
- ☐ Medicaid Applicant (Medicaid or SSN # _____)
- ☐ Medicaid Provider (Provider # _____)
  - ☐ Physician
  - ☐ Dentist
  - ☐ Pharmacy
  - ☐ Hospital
  - ☐ Nursing Facility
  - ☐ Other: _____

If no, then who is the real party in interest? _____

In what capacity does the Petitioner represent the real party in interest? _____

If you are not the real party in interest or representative, state with particular facts how a Medicaid rule substantially affects you and indicate what legal standing you have to request a ruling: _____

_____

_____

ISSUE

Briefly state what issues this Petition for a Declaratory Ruling is seeking to resolve:

_____

_____

_____

_____

RULES AND LAWS INVOLVED IN PETITION

Ala. Code (1975) § _____

ALA. ADMIN. CODE r. 560-X-_____

STATEMENT OF FACTS AND DOCUMENTATION IN SUPPORT OF PETITION:

- Attach (as "*Exhibit A*") a typed narrative detailing with particularity the specific facts and dates upon which you based this Petition.
- Include (as "*Exhibit B*") a proposed resolution of the problem presented by your petition.
- Attach (as "*Exhibit C*," "*Exhibit D*," etc.) any other relevant documentation that you want the Alabama Medicaid Agency to consider in reaching its decision.

NOTE: THE DECLARATORY RULING WILL BE BASED SOLELY ON THE FACTS YOU GIVE. IF YOU OMIT MATERIAL FACTS, THE MEDICAID AGENCY MAY NOT HONOR THE RULING IF YOU ATTEMPT TO RELY ON IT LATER.

Dated this the _____ day of _____, 20_____.

_____

Signature of Petitioner or Representative

Note: Send the original and five (5) copies of all documentation to:

Alabama Medicaid Agency
Administrative Procedures Office
501 Dexter Avenue
Montgomery, Alabama 36104