



Fair Hearing Request

Please complete and submit this form to the Office of Fair Hearings at HCA-FairHearings@hca.nm.gov or 505-476-6215 (fax).

Section A - Claimant Information
Section B - Representative Information
Section C - Appeal Information
I am requesting a Fair Hearing for the following program(s):
Issue(s) to be heard:

PLEASE COMPLETE SECTIONS "D", "E" AND "F" ON THE NEXT PAGE

