MDS APPEAL REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 247 (7-2014)

(701) 328-2321
Toll Free 1-800-755-2604
Fax (701) 328-1544
ND Relay TTY 1-800-366-6888
Provider Relations (701) 328-4030

Clear Fields

Today's Date

Name of Appellant			
Address	City	State	ZIP Code

Name of Resident	Social Security Number *

* The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

Name of Nursing Facility			
Address	City	State	ZIP Code
Classification Being Appealed			
Date Classification Notice was Sent to Resident's Representative or Provided to Resident (This request must be received by the Department within 30 days of this date)			
Reason for the Appeal			
Requested Changes			

Signature of Resident/Resident Representative

Name of Facility Representative Assisting in Preparation of Appeal	Telephone Number	Fax Number

Mail to:

MDS Classification Appeal Request
ND Dept. of Human Services, Medical Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250