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: ___________________________

________________________________________________________________________

________________________________________________________________________

Form 901 (revised 11/01/2017)  
Alabama Medicaid Agency
ISSUE
Briefly state what issues this Petition for a Declaratory Ruling is seeking to resolve:

_________________________________________

_________________________________________

_________________________________________

RULES AND LAWS INVOLVED IN PETITION
Ala. Code (1975) § ____________________________________________________________

AL.A. 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