

Board of Appeals Electronic Service Approval

By signing (below) and providing my email address on this form I agree to receive service of appeal documents and orders, for all docket numbers, from the Washington State Health Care Authority (HCA) Board of Appeals by email. I understand that I must contact the HCA Board of Appeals by mail, fax, or email to rescind this Electronic Service Approval.

I understand that the delivery of documents (“service”) is complete when an HCA Board of Appeals email is sent to the email address I have listed below, not when I actually view the email (WAC 182-526-0040(6)(d)). I understand that the HCA Board of Appeals will use a secure email platform to serve documents and orders on me to the provided email address.

If you are under 18 years old, please have a parent/guardian also sign the form.

Email Address

Printed Name

Signature

Date

Parent or guardian signature

Date

Please note: this form must be submitted to the Board of Appeals at the contact information below for processing.

Mailing address

Board of Appeals
P.O. Box 42700
Olympia, WA 98504-2700

**Telephone
(for more information)**

360-725-0910 or
1-844-728-5212

Email address

HCABoardofAppeals@hca.wa.gov

In-person service location

HCA Board of Appeals
626 8th Avenue SE
Olympia, WA 98501

Fax

360-507-9018

Website

hca.wa.gov/about-hca/board-appeals