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**STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
OFFICE OF HEARINGS AND APPEALS**

In the Matter of:)
)
 [REDACTED],) OHA Case No. 09-FH-2123
)
 Claimant.) DHCS Case No. [REDACTED]
 _____)

NOTICE OF ERRATA

The decision issued in this case on January 27, 2010 incorrectly stated the office and address to which an appeal of that decision should be addressed. The correct office and address to which an appeal should be directed is as follows:

Director, Division of Health Care Services
Department of Health and Social Services
4501 Business Park Boulevard, Suite 24
Anchorage, Alaska 99503-7167

DATED this _____ day of February, 2010.

Jay Durych
Hearing Authority

CERTIFICATE OF SERVICE

I certify that on this _____ day of February 2010 true and correct copies of the foregoing document were sent to the Claimant via U.S.P.S. Certified Mail, Return Receipt Requested, and to the remainder of the service list by e-mail, as follows:

Claimant's Counsel:

██████████, Esq.,
Alaska Legal Services Corporation

Counsel for DHCS:

██████████, Esq.
Department of Law, Attorney General's Office

██████████, Deputy Commissioner, DHCS
██████████, Director, DHCS
██████████, Policy & Program Development
██████████, Staff Development & Training
██████████, Eligibility Technician I

J. Albert Levitre, Jr.
Law Office Assistant I