

Virginia Medicaid/FAMIS Appeal Withdrawal Request

If you no longer wish to continue with your appeal, you may submit a formal request to withdraw your appeal, and the Appeals Division will close your appeal. A withdrawal may be submitted to the Appeals Division via the Appeals Information Management System (AIMS) portal, email, fax, phone, or mail.

If you wish to submit a written withdrawal by email, fax, or mail, print the form found on the following page, fill in the needed information and sign, and submit using the contact information found below.

DMAS Appeals Division				
Email	Fax	Phone	Mail	AIMS Portal
appeals@dmas.virginia.gov	804- 452-5454	804-371-8488	DMAS Appeals Division 600 E. Broad Street Richmond, VA 23219	https://www.dmas.virginia.gov/appeals/

Virginia Medicaid/FAMIS Appeal Withdrawal Request



Appeal Withdrawal Request

I, _____, wish to withdraw the Medicaid appeal filed on
(print appellant name)

_____ for the reason(s) stated below:
(date appeal requested)

Signature of appellant or representative

Relationship to appellant (authorized representative, spouse, parent, etc.)

Date