

EXHIBIT 175

**MODEL LETTER: ORGAN PROCUREMENT ORGANIZATION
NOTICE TO BORDERING OPOS**

(Date)

Name of Organ Procurement Organization (OPO) Administrator

Name of OPO

Address of OPO

City, State, ZIP Code

Dear **(OPO Administrator)**:

This is to inform you that **(name of terminated OPO)** is being terminated from participation in the Medicare and Medicaid programs, because of failure to achieve and/or maintain compliance with provisions of §1138 of the Social Security Act. The service area that is open for competitive application is **(service area)**

If you wish to participate as the Organ Procurement Organization (OPO) for the service area or any portion of it, you must submit an application. Enclosed are the necessary application materials: Form CMS-576, Request for Organ Procurement Organization Approval to Participate in the Medicare and Medicaid Program; and Form CMS-576A, Health Insurance Benefits Agreements for OPOs. We are sending these materials to you only because of your involvement in Medicare's organ procurement activities. As you will note in the materials, we are authorized to approve only one OPO in any given service area.

If you wish to apply for the above-cited service area or any part thereof, it is essential that you complete the application materials and forward them to this office. We will consider all applications to service the open area that are received by **(enter date that all applications are due)**. Please make a copy of the application and agreement for your records.

If you have any questions concerning the application process, please contact me at **(name, address, and phone number)**.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)

Enclosures