

EXHIBIT 157

**NOTICE - EXPANSION AND/OR ADDITIONAL SERVICE
(APPROVAL, PARTIAL APPROVAL OR DENIAL)
OF ESRD FACILITY**

(Date)

Facility Name
Address
City, State, ZIP Code

Dear _____:

RE: Provider Number (**Provider Number**)

We have carefully considered your request for (**expansion and or addition of a new service as a (RTC)(RDC)(RDF)(SPDF) (for each category considered separate notification will be necessary)**) under the end-stage renal disease regulations, and have determined that:

(Approval) -- Your facility is approved for (**number**) additional dialysis stations effective (**date**). It is now approved for a total of stations.

(Partial Approval) -- Your facility is approved for (**number**) of the (**number**) additional dialysis stations requested effective (**date**). It is now approved for a total of (**number**) dialysis stations. (**Include rationale citing reasons why all of the additional stations requested were not approved.**)

(Denial) -- Further (**expansion-addition of a service**) is not warranted at this time. (**Include rationale in support of denial.**)

Your facility is now approved for the following (**include all stations approved to date**).

Total of approved dialysis stations

Services	Number of Stations
____ Transplantation	_____
____ Staff Assisted Dialysis	_____
____ Self-Dialysis	_____
____ Patient Dialysis Training	_____
____ Other (Specify)	_____

(Name)

Page 2

(Date)

Should you have any questions in regard to your participation in the Medicare renal treatment program, please contact this office.

If you contemplate or experience a change in ownership, physical relocation, change in service or any further expansion of your facility after the date of this approval, you must notify us as soon as possible. Failure to do so may result in the suspension of ESRD program payments.

If you believe that this determination is not correct in any respect, you may request that the decision be reconsidered. The request must be submitted in writing to this office within 60 days of the date of this notice. You may submit with the reconsideration request any additional information that you feel may have a bearing on the determination.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)