

EXHIBIT 176

**MODEL LETTER: ORGAN PROCUREMENT ORGANIZATION
CORRECTIVE ACTION NOTICE**

(Date)

Name of Organ Procurement Organization (OPO) Administrator

Name of OPO

Address of OPO

City, State, ZIP Code

Dear **(OPO Administrator)**:

On **(date)** we conducted a recertification review of the **(name of organization)** to determine whether the organization has maintained compliance with the provisions of §1138 of the Social Security Act applicable to Organ Procurement Organizations (OPO) and the Conditions for Coverage for Organ Procurement Organizations found at 42 CFR Part 486, Subpart G. We have determined that the **(organization name)** is not in compliance with:

(List requirements with which the OPO is deficient).

If the deficiencies are not corrected you will be scheduled for termination. The effective date of the termination will be **(effective date of termination)**. As soon as you determine that you are in full compliance, contact the Regional Office.

You may appeal this decision under CMS regulations at 42 CFR Part 498. The request must be submitted to this office **(name, address, and telephone number)** within 30 days of receipt of this notice. Your request should state the issues or findings of fact with which you disagree and the reasons for your disagreement. You may also submit written evidence and statements that are relevant and other relevant material within a reasonable time after your appeal request.

If you have any questions, please let us know.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)