

EXHIBIT 183
(Rev. 30, 12-15-07)

**MODEL PUBLIC NOTICE OF MEDICARE TERMINATION
OF *HOSPITAL* PROVIDER AGREEMENT**

FOR PUBLICATION: (Date)

(Provider Name)

(Address)

(City, State and Zip code)

LEGAL NOTICE

Effective (termination date), the Secretary of the Department of Health and Human Services will terminate its Medicare provider agreement with (Provider Name) in (City, State.) This action is being taken because this hospital was found to not be in compliance with Section 1861 of the Social Security Act, which requires a hospital to provide services which are sufficient to meet the needs of its patients. Non-compliance was established during a survey completed on (date of survey) by the (name of State Survey Agency.)

The Medicare and Medicaid programs will not make payments for inpatient hospital services furnished to patients who are admitted on or after (termination date.) For patients admitted prior to (termination date), payment may continue to be made for covered services provided through (30 days after termination date).

Sincerely yours,

Consortium Survey and Certification Officer
(or its equivalent)