

EXHIBIT 192

ACKNOWLEDGEMENT OF REQUEST FOR HEARING

(Date)

Provider Name

Address

City, State, ZIP Code

Dear **(Provider Name)**:

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

This will acknowledge receipt of your request for a hearing in the matter of **(name of institution)**.

We have provided the Office of Hearings and Appeals with a copy of your request and the following documents that will be considered by the hearings officer:

(List of documents)

The Office of Hearings and Appeals will notify you of the designation of an Administrative Law Judge to act on your request.

Sincerely yours,

Enclosures