

EXHIBIT 201
(Rev. 30, 12-15-07)

**MODEL LETTER ACKNOWLEDGING COMPLAINT ALLEGING
NONCOMPLIANCE WITH 42 CFR 489.24 AND/OR THE RELATED
REQUIREMENTS OF 42 CFR 489.20: INVESTIGATION WARRANTED**

(Date)

Complainant Name
Address
City, State, ZIP Code

Dear **(Complainant Name)**:

We have reviewed the information you provided concerning **(hospital, in city, State)**, and appreciate the interest you have shown in bringing this matter to our attention. Our responsibility is to assure compliance of Medicare-participating hospitals with the health and safety requirements of the *Social Security Act and pursuant regulations. Enclosed for your information is a copy of 42 CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases and related regulations at 42 CFR 489.20.* We have authorized an investigation of the situation you described. Upon receipt of the investigation report, we will contact you again to advise you of the results.

Sincerely yours,

Associate Regional *Administrator*
(or its equivalent)

Enclosure