

EXHIBIT 203
(Rev. 30, 12-15-07)

**MODEL LETTER FOLLOWING INVESTIGATION INTO ALLEGED
VIOLATION OF 42 CFR 489.24 AND/OR THE RELATED REQUIREMENTS OF
42 CFR 489.20 FACILITY IN COMPLIANCE**

(Date)

Hospital Administrator Name
Hospital Name
Address
City, State, ZIP Coder

Re: CMS Certification Number (CCN)

Dear **(Hospital Administrator Name)**:

This office authorized the **(State)** State agency to conduct a complaint survey of **(hospital)** on **(date)**. The complaint concerned an alleged violation of 42 CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases and/or the related provisions of 42 CFR 489.20.

I am pleased to inform you that as a result of the survey, your facility was found in compliance with the *above-specified* requirements regarding *its* emergency care obligations.

Thank you for your cooperation during the survey. If you have any questions or concerns about this matter, please contact **(name of contact)** at **(phone number)**.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)

cc: State Agency
Accrediting Body
Complainant