

EXHIBIT 249

(Rev. 30, 12-15-07)

**MODEL APPLICATION LETTER NOTIFYING TRANSPLANT
HOSPITAL THAT A COMPLETE MEDICARE GENERAL ENROLLMENT
HEALTH CARE FORM CMS-855A NEEDS TO BE COMPLETED**

(Date)

Transplant Hospital Name

Address

City, State, Zip Code

Attn:

Dear (Name):

On (date) the Centers for Medicare & Medicare Services (CMS) received your request for Medicare approval of one or more organ transplant programs.

Medicare-approval was requested for the following program:

(List of Programs)

The information that you submitted is in the review process which will include an on-site evaluation and you will be notified in writing of your approval or disapproval upon completion of the review.

Please refer to our Web site below for frequently asked questions and answers, periodic program updates, and the requirements for notifying CMS (under 42 CFR 482.74) of any significant changes to a transplant program:

http://www.cms.hhs.gov/CertificationandCompliance/20_Transplant.asp

While your hospital is an established Medicare provider, it has never completed a CMS-855A enrollment form in its entirety. In order to process this transaction, your hospital must complete a CMS-855A application in full. Please notify your hospital administrative office that it must submit the complete CMS-855A to your assigned Medicare contractor. To designate that the hospital has an organ transplant program, please check the "Other" box in Section 2A2 and write "Organ Transplant Program" next to the checkbox.

(Name)

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(Date)

Any additional questions concerning your approval request may be directed to Survey and Certification Group at telephone number 410-786-8476 or email; Sherry.Clark@cms.hhs.gov.

Additional information about the Medicare enrollment process and a copy of Form CMS-855A can be found at:

www.cms.hhs.gov/MedicareProviderSupEnroll/03_EnrollmentApplications.asp#TopOfPage

Sincerely,

*Administrative Officer
Survey and Certification Group*