

EXHIBIT 250

(Rev. 30, 12-15-07)

**MODEL APPLICATION LETTER TO TRANSPLANT HOSPITAL
REQUIRING PARTIAL MEDICARE GENERAL ENROLLMENT
HEALTH CARE FORM CMS-855A**

(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 programs:

*Adult Heart
Adult Kidney
Adult Pancreas
Adult Kidney/Pancreas
Pediatric Heart
Pediatric Kidney*

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

For Hospitals Needing a Partial Form CMS-855 – Use this paragraph.

Your hospital's Medicare provider enrollment information must be updated to include the organ transplant program(s). Please notify your hospital administrative office that it must submit a Form CMS-855A change of information request to its assigned Medicare

contractor. To designate that the hospital has an organ transplant program, please check the “Other” box in

(Name)

Page 2

(Date)

Section 2A2 and write “Organ Transplant Program” next to the checkbox. The hospital must also complete those sections of the form identified in the box next to the “Identifying Information” checkbox in Section 1B (i.e., Sections 1, 2, 3, 13, and either 15 or 16).

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 the Form CMS-855A can be found at:

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

Sincerely,

*Administrative Officer
Survey and Certification Group*

*cc: James Bossenmeyer
Director, Division of Provider/
Supplier Enrollment, CMS*