

**EXHIBIT 254**

**MODEL LETTER NOTIFICATION THAT MEDICARE  
GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER  
APPLICATION HAS BEEN DENIED**

**(Date)**

Provider Name  
Address  
City, State, ZIP Code

Dear **(Provider Name)**:

Re: Provider Number **(Provider Number)**

The Centers for Medicare & Medicaid Service (CMS) is authorized to collect the information requested on the Form CMS-855 in order to ensure that correct payments are made to providers and suppliers under the Medicare program established by Title XVIII of the Social Security Act. See, sections 1814 and 1815 of the Social Security Act for payment under Part A of Title XVIII [42 U.S.C. §§1395f(a)(1) and 1395g(a)] for payment under part B. In addition, CMS is required to ensure that no payments are made to providers or suppliers who are excluded from participation in the Medicare program under section 1128 of Title XVIII [42 U.S.C. §1320a-7] or who are prohibited from providing services to the federal government under section 2455 of the Federal Acquisition Streamlining Act of 1994, (P.L. 103-355) [31 U.S.C. §6101 note].

Based upon a consideration of the facts and circumstances, your application to enroll as a provider (or supplier) in the Medicare program has been denied for the following reason(s):

**(Select applicable sentence.)**

- **(Name (s) of excluded persons or organizations)** is/are currently excluded from participating in the Medicare program by the Office of the Inspector General.
- **(Name(s) of excluded persons or organizations)** is/are currently excluded from participating in the Medicare program because you are on the Federal Government's (General Service Administration) List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- You do not possess a current valid license that is required by Federal, State, or local government in order to furnish health care items or services of the type you purportedly furnish or intend to furnish to Medicare beneficiaries.

(Name)

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(Date)

- You failed to furnish an address sufficient to readily identify the physical location at or from which you purportedly furnish or intend to furnish items or services to Medicare beneficiaries; or having furnished such an address, you do not appear (on the basis of extrinsic evidence) to be furnishing items or services or otherwise operating from such location; or, if you are an individual practitioner who does not furnish or does not intend to furnish items or services to Medicare beneficiaries at or from a location controlled by you (e.g., a physician practicing exclusively as an employee), you failed to furnish an address sufficient to readily identify the physical location at which you can be personally served with required notice in the event that proves necessary.
- Your license, and any other information or documentation furnished by you with respect to such license, failed to show that such license was issued by a governmental entity having jurisdiction over a practice, service-delivery, or operating location designated by you as a location at or from which you purportedly furnish or intend to furnish items or services to Medicare beneficiaries or that your license, if valid only for a specific physical location, is not valid for the physical location specified by you as the practice, service-delivery, or operating location at or from which you purportedly furnish or intend to furnish items or services to Medicare beneficiaries .
- Your (i) billing agreement, (ii) billing service contract, or (iii) other agreement that creates or maintains, directly or indirectly, a relationship between you and another entity for the purpose of billing, the sale or purchase or other transfer of accounts receivable, or other financial relationship effecting a transfer - directly or indirectly - of Medicare claims payment, or any other evidence, shows or furnish substantial evidence that you are violating Medicare rules on assignment or reassignment of claims.

If you believe that this decision is incorrect, you may request a reconsideration. To request a reconsideration, submit a written request to **(name and address of designated individual at RO)** within 60 days from the date of this notice. Your request should state why you consider the determination to be incorrect and should be accompanied by any evidence and arguments that you feel may have a bearing on the determination. An Office of the Inspector General or Federal exclusion cannot be appealed; however, you may appeal factual issues, such as exclusion status, if you feel the information is in error.

Sincerely yours,

Associate Regional Administrator