

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services Midwest  
Division of Survey and Certification Chicago  
Regional Office  
233 North Michigan Avenue, Suite 600  
Chicago, IL 60601-5519



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CMS Certification Number (CCN): 143880

September 6, 2018

Administrator  
Center for Family Health- Malta  
21193 Malta Road  
Malta, IL 60150

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Dear Administrator:

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The Centers for Medicare & Medicaid Services (CMS) has accepted your request to terminate your participation in the Medicare program (Title XVIII of the Social Security Act). Accordingly, your agreement with the Secretary of Health and Human Services will be terminated effective August 31, 2018. Please notify your medical and administrative staff.

Per CMS policy, public notice of termination of the agreement is necessary. Please submit a notice to [publicnoticemailbox@cms.hhs.gov](mailto:publicnoticemailbox@cms.hhs.gov) as soon as possible. Below is a template for publication. Please include your facility's specific information as applicable

"[Provider Name and Address] will no longer participate in the Medicare program (Title XVIII of the Social Security Act) effective [Date]. The agreement between [Provider] and the Secretary of Health and Human Services will be terminated on [Date] in accordance with the provisions of the Social Security Act.

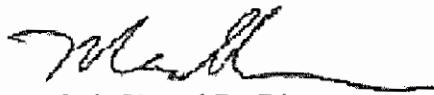
No payment will be made by the Medicare program under this agreement for covered services furnished to patients who are admitted on or after [Date]."

[Name of authorized official]  
[Name of Provider]

Please copy CMS on the email.

Should you have questions concerning this matter, please contact Tiffany Lowe in the Chicago Office, at (312) 353-9804.

Sincerely,



Maria Vergel De Dios  
Principal Program Representative  
Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health  
Illinois Department of Health Care & Family Service  
Palmetto Government Benefits  
KePRO