

EXHIBIT 172

(Rev.)

Model Letter: Organ Procurement Organization Approval

(Date)

(First Name) (Last Name) (Title)

(Company Name)

(Address)

(City), (State) (Postal Code)

Re: CMS Certification Number (CCN):

Dear: *(Name):*

Your application for redesignation as an Organ Procurement Organization (OPO) for the Medicare and Medicaid program under §1138 of the Social Security Act has been approved by the Center for Medicare and Medicaid Services. Effective _____, you are designated as the OPO for the following service area: *(counties)*.

Enclosed is one *signed* copy of the *provider* agreements for your records. Enter the *CCN* shown above on all forms and correspondence relating to this program. The *(fiscal intermediary)* has been authorized as your Fiscal Intermediary, and it can provide you with information concerning payment procedures.

If you believe the above information is not correct (i.e., service area, effective date) please submit *it*, in writing, to this office within 60 working days of receipt of this notice. We welcome your *continued* participation and look forward to working with you. *If you have any questions, please contact (name), at phone number.*

Sincerely

Associate Regional Administrator/ Equivalent

Enclosure