Month, Day, 2020

The Honorable Alex M. Azar II

Secretary of Health and Human Services

Department of Health and Human Services

200 Independence Avenue, N.W.

Washington, D.C. 20201

Dear Secretary Azar,

On behalf of [INSERT COMPANY NAME], we would like to thank you and the entire Department of Health and Human Services for your invaluable assistance and flexibility during this unprecedented period. Without the Section 1135 blanket waivers and state flexibilities, we would not have been able to deliver quality care to our patients and residents nor ensure the safety of our employees during this unprecedented national emergency.

Respectfully, we call upon you again for your assistance. Our company typical serves X patients and X residents as well as employs X staff. And, we desperately need resources for testing, PPE, as well as to make modifications to our building(s) such as [INSERT 1-2 SENTENCES]. These costs have totaled $XX to-date.

Due to [select option – CHOW, Inaccurate Bed Count for SNF-Only Tranche, or Other (insert short description)], we have been unable to receive $X out of the $X we believe we should receive to ensure our ability to deliver critical care as well as ensure the safety of our employees.

**Provider Relief Fund (PRF) Challenge(s)**

Our particular situation is … [INSERT DESCRIPTION USING 5-6 SENTENCES].

**PRF FAQs and Provider Support Line Response**

As instructed, we have studied the FAQs and contacted the Provider Support Line. [INSERT COMPANY NAME] is making every effort to use these critical funds in compliance with the Terms and Conditions. However, we have been unable to resolve our challenges with the FAQ guidance as well as the Provider Support Line. Below is a chart of our attempts to receive guidance from the Provider Support Line.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Call ID #/Ticket # | Operator Name/#  | Response  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

As you can see, the Provider Support Line was [PHRASE AS NEEDED: unable to provide guidance, provided conflicting guidance, other].

**Course of Action**

As a high-quality health care provider, we are committed to ensuring the safety of our patients as well as our employees who have risked their lives during this pandemic. Therefore, we have taken the following course of action in the absence of guidance from the Department.

Specifically, we [DESCRIBE MOVEMENT/USE OF FUNDS].

**Conclusion**

We are committed to complying with the PRF Terms and Conditions. To that end, we offer this document as an explanation of our due diligence in the absence of guidance. If you have questions or request additional information, please contact [INSERT NAME].

Sincerely,

/s/