

[Date]

[Recipient Name]

[Title/Department]

[State Department of Health / Regulatory Agency Name]

[Street Address]

[City, State, Zip Code]

RE: Request for Formal Opinion Regarding Licensure Exemption for [Name of Facility/Entity]

Dear [Recipient Name],

We are writing on behalf of our client, [Name of Entity], to respectfully request a formal written opinion or confirmation regarding its status as exempt from [State] healthcare facility licensure requirements under [Cite Specific State Statute or Administrative Code Section].

Description of Entity and Services

[Name of Entity] is a [Type of Entity, e.g., private physician practice, telehealth provider, diagnostic center] located at [Address]. The entity provides the following services: [Briefly describe clinical services].

Basis for Exemption

It is our position that [Name of Entity] is not required to obtain a [Type of License, e.g., Ambulatory Surgical Center or Clinic License] based on the following factors:

- [Reason 1: e.g., The facility is wholly owned and operated by licensed physicians.]
- [Reason 2: e.g., The services provided do not meet the statutory definition of "Facility Type" because...]
- [Reason 3: e.g., The entity falls under the specific exemption found in Section [Number].]

Analysis

[Provide a brief legal or operational analysis linking the entity's activities to the specific regulatory exemptions.]

Conclusion

Based on the above, we request your concurrence that [Name of Entity] may operate without a healthcare facility license. If further information or documentation is required to make this determination, please contact [Name] at [Phone Number] or [Email].

Thank you for your time and consideration of this request.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Law Firm Name]