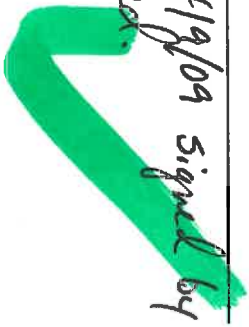


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Miles</i>	DATE <i>4-23-09</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>.100599</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-4-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
<i>Letter dated 4/19/09 signed by Felicity attached.</i> 			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

APR 23 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JACQUELINE C. JOYE
1033 Founders Road
Lexington South Carolina 29073
April 23, 2009

The South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia South Carolina 29201

To Whom This May Concern:

I have been asked by two of my Doctors to write you concerning your non-responses to their letters of necessity on my behalf. In

my last letter I addressed their concerns about letters of necessity for people like me, but I would to say thank you for responding to my concerns but you did not address theirs. I understand that doctors must request for extra visits and these doctors have and they have not received any responses from your agency. They also because of this they have billed me because your agency has refused to respond to them. As I stated in my last letter I do not have the finances to pay out -

standing medical bills as stated in my last letter I go in the red to pay the usual expenses. Also in last letter I sent a letter of necessity from Dr. James C. McIntosh of Lexington Orthopaedics

telling you what is wrong with my shoulders,
Dr Hong Th. Phan of West Columbia Internal
Medicine has asked her Financial Office to
write you letters of necessity several times
since mid-February 2009, The only responses
they receive is that I have succeeded my
visits for the fiscal year of 2008-2009,
As I stated in my last letter I see more
than one(1) doctor and have more than one(1)
disease to be treated. These two doctors
need to be paid. So, the payment would
be answer to their letter of necessity
and would release the financial burden
these medical bills have caused.

I am enclosing copies of these
bills Medicaid has refused to pay, also
another copy of the letter of necessity
from Dr James C. McIntosh, a copy of
the last letter I wrote to you, and a
copy of the letter you answered wrote me.
Also copies of statements from both doctors,
Some of ~~the~~ these statements are from
Lexington Medical Centers Credit and
Collection Department.

I know I am responsible for any unpaid bills that I enclose, but these doctors have requested and sent letters of necessity ~~in~~ to you and they do not get a response from you because ~~of~~ no response these bills have been turned over to collections. Also they have also been patient with you and myself knowing that I need to see them often for my Mary Gilment, but cannot see me if they do not receive payment from Medicaid and ~~not~~ recognizing letters of

necessity.

I hope this matter can be cleared up before the fiscal of 2009-2010, because I have already planned.

Thank you very much

Jeanelle G. Jay



State of South Carolina
Department of Health and Human Services

Mark Sanford

Governor

Emma Forkner

Director

April 9, 2009

Ms. Jacqueline Joye
1033 Founders Road
Lexington, SC 29073

Dear Ms. Joye,

I am responding to your letter, dated March 23, 2009, which I received today. I want to assure you that the Department of Health and Human Services is very concerned about providing quality healthcare for our beneficiaries. We are striving to meet these healthcare needs despite budget cuts in this fiscal year that amount to over a half a billion dollars in state and federal funds.

I did want to respond to several points in your letter. While we have looked at the elimination of the adult dental and adult vision programs, those programs are still intact. We have not added further restrictions to doctors' visits; our policy has remained unchanged regarding our twelve visit limit and the process physicians must use to request additional visits. Additionally, we have removed the restrictions we were forced to make, for budgetary reasons, on the construction of new wheelchair ramps. Finally, the limits we have placed on mental health visits do not apply to Department of Mental Health clinics.

I appreciate the strains that your various medical conditions place on you and hope that we can continue to work with your doctors in addressing these conditions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Felicity Myers".

Felicity Myers, Ph.D.
Deputy Director, Medical Services

1033 Founders Road
Lexington, South Carolina

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES:

To Whom This May Concern:

I have been asked by TWO of my doctors to write your AGENCY. They would like to know why you have not honored their LETTERS OF NECESSITY and their request for more visits beyond the 12 visits allowed . I se more than one (1) doctor, in fact I see an Internist(primary care), an Orthopedic, a Cardiologist, Pulmonologist, Oncologist, once a year a see an ENT (ear, nose and throat) doctor and once a year I have an eye exam.

Also I go to a mental health clinic. At any given time during the year I see these doctors for residual cancer , severe asthma , acute psychosis, diabetes, arthritis and bone disease. All these diseases I am being treated for. Therefore in order these diseases to be treated More than 12 visit a year in order to maintain good health and keep them in cheek. The Letters of Necessity help do so. Also I can not afford to have large medical bills Due to limited income I receive month and amount of bills for food, shelter, utilities, co-payments for doctors and prescriptions and the like.

The following is a breakdown of expenses for the of month March 2009

March's Income-----673.00

Rent---350.00
Utilities-300.00
Cell phone-30.00 (do not have land line)
Transportation -75.00 (car insurance and gas)
Food-----225.00
Co- payments---(9) 27.00 (prescriptions)
Co- payment---(4) 8.00 (doctor visits) on the average

<u>TOTAL \$ 1015.00 expenses</u>	\$ 1015.00
	673.00

342.00 In the red

I go in the red each month. If I have more expenses than I can afford to pay such as, Medical expenses it puts a strain on my already limited income .

I hope your agency understands that people like myself who are on Medicaid live on

very tight budget and some times go in the red and need Letters of Necessity like the one I have requested by my doctors that I am sending to you.

Thank You for trying to understand and PLEASE let Dr. Huong Thi Phan of West Columbia Internal Medicine and Dr James C. McIntosh of Lexington Orthopaedics And myself WHY your Agency have not honored THEIR LETTERS OF NECESSITY Other than that I have succeeded the 12 visits.

I am sending you a Letter of Necessity from James C. McIntosh, Jr. MD who practices medicine with Lexington Orthopedics.

I am enclosing a copy of a letter I wrote to The Edition of THE STATE NEWSPAPER.

My doctors and I hope to receive a reply from your agency as soon as possible, where this matter can be cleared up. Hope to hear from your agency soon.

THANK YOU VERY MUCH.

JACQUELINE C. JOYE

Lexington

ORTHOPAEDICS



Maitson L. Boyer
M.D.

Barnaby T. Dedmond
M.D.

March 20, 2009

David R. Kingery
M.D.

Re: Jacqueline Joye

Andy T. McGown
M.D.

James C. McIntosh
M.D.

Randall S. Suarez
M.D.

I am following this patient for her painful shoulders. Her diagnosis was that of impingement syndrome. She apparently is making progress with conservative treatment, as well as injections.

If you have any questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. McIntosh, Jr.", written over the printed name.

James C. McIntosh, Jr., MD

JCM/prf

Lexington Medical Park 2
146 North Hospital Drive
Suite 140
West Columbia, SC 29169
Phone: (803) 936-7230
FAX: (803) 936-8097

811 West Main Street
Suite 101
Lexington, SC 29072
Phone: (803) 936-7230
FAX: (803) 358-6208

7033 St. Andrews Road
Suite 104
Columbia, SC 29212
Phone: (803) 936-7230
FAX: (803) 749-9675

LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140

WEST COLUMBIA SC 29169

803 936-8882

JACQUELINE JOYE
1033 FOUNDERS RD

LEXINGTON SC 29073

Date: 04/15/09
From: LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140

WEST COLUMBIA SC 29169

RE:

Acct: 1235157 447450
Bal : 129.00

It is of great importance that we contact you regarding the status of your account.

We have received and applied all payments from insurance companies or other sources. Your insurance carrier(s) would have notified you of these benefits.

We would appreciate your payment for this balance within ten (10) days from the date of this letter. If payment in full of this balance would create a financial hardship for you, please call the phone number at the top of this letter to speak with a representative regarding an interest free payment plan.

Our desire is to work with you to resolve this matter. However, due to the age of this account, if you do not respond to this letter, your account will be placed with a collection agency.

Sincerely,

Credit/Collections Department

LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140

WEST COLUMBIA SC 29169

803 936-8882

JACQUELINE JOYE
1033 FOUNDERS RD

LEXINGTON SC 29073

Date: 03/11/09
From: LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140

WEST COLUMBIA SC 29169

RE:
Acct: 1235157 447450
Bal : 131.00

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We would appreciate your payment of this balance within ten (10) days of the date of this letter. If payment of this balance in full would create a financial hardship for you, please call to speak to a representative. They are prepared to discuss an interest free payment plan for you.

We appreciate you choosing Lexington Medical Center for your healthcare needs.



Sincerely,

Credit/Collections Department

LEXINGTON ORTHOPAEDICS LEXINGT
811 W MAIN ST STE 101
LEXINGTON, SC 29072

V18138 75
5392M
SA07

STAIN

Please Include Security Code From Back Of Card	
CHECK CARD USING FOR PAYMENT	
 <input type="checkbox"/> MASTERCARD	 <input type="checkbox"/> VISA
CARD NUMBER	EXP. DATE
CARDHOLDER NAME	SECURITY CODE
SIGNATURE	AMOUNT

>27497 7165241 001 092096
JACQUELINE C JOYE
1033 FOUNDERS RD
LEXINGTON SC 29073-9592

Demetri

LEXINGTON ORTHOPAEDICS LEXINGT
811 W MAIN ST STE 101
LEXINGTON SC 29072-2500

Office Phone Number
803-936-8882

Statement Date
03/06/09

Your Account Number
1235157

Page No. 1

Patient Balance
214.00

SHOW AMOUNT
PAID HERE

PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS	BALANCE
11908	MCINTOSH MD	ESTAB PATIENT EXAM - LEVE	JACQUELINE	133.00		
		AMBULATORY VISITS EXCEEDED.				
121908		PATIENT CASH PAYMENT			-2.00	
		Insurance Balance:	Patient Balance:	0.00		131.00
13009	MCINTOSH MD	ESTAB PATIENT EXAM -LEVEL	JACQUELINE	85.00		
		FREQUENCY FOR AMBULATORY VISITS EXCEEDED.				
020209		PATIENT CASH PAYMENT			-2.00	
021609		MEDICAID PAYMENT			0.00	
		Insurance Balance:	Patient Balance:	0.00		83.00

03/06/09 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 1235157

Current	31-60 Days	61-90 Days	>90 Days	Total	Ins Pending	PATIENT BALANCE PAY THIS AMOUNT
83.00	131.00	0.00	0.00	214.00	0.00	214.00

ND INQUIRIES, PAYMENTS TO:
LEXINGTON ORTHOPAEDICS LEXINGTON
811 W MAIN ST STE 101
LEXINGTON, NC 29072
803-936-8882

1497 7165241 027498 027498 00001/00001 920966902

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

92096S11026

WEST COLUMBIA INTERNAL MEDICINE
146 N HOSPITAL DR STE 350

WEST COLUMBIA SC 29169

803 791-2985

803-741-6537

1033 FOUNDERS RD

LEXINGTON SC 29073

Date: 04/07/09
From: WEST COLUMBIA INTERNAL MEDICINE
146 N HOSPITAL DR STE 350

WEST COLUMBIA SC 29169

RE:
Acct: 1235157 450122
Bal : 131.00

Your account has become delinquent and requires immediate attention. We have received and applied all payments from insurance companies or other sources. The amount reflected above is past due within this account and is due from you.

We would appreciate your payment for this balance within ten (10) days from the date of this letter. If payment of this balance in full would create a financial hardship for you, please call to speak to a representative. They are prepared to discuss an interest free payment plan with you.

We appreciate you choosing Lexington Medical Center for your healthcare needs.



Sincerely,

Credit/Collections Department

WEST COLUMBIA INTERNAL MEDICIN
146 N HOSPITAL DR STE 350
WEST COLUMBIA, SC 29169

STATEMENT

V18101 A
5392M
TU07

Please include Security Code From Back Of Card	
CHECK CARD USING FOR PAYMENT	
 <input type="checkbox"/> MASTERCARD	 <input type="checkbox"/> VISA
CARD NUMBER	EXP. DATE
CARDHOLDER NAME	SECURITY CODE
SIGNATURE	AMOUNT

REMIT TO:

>11970 7201261 001 092096
JACQUELINE C JOYE
1033 FOUNDERS RD
LEXINGTON SC 29073-9592



Office Phone Number
803-791-2985

Statement Date
04/06/09

Your Account Number
1235157

Page No. 1

345.00

SHOW AMOUNT PAID HERE \$ _____

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS	BALANCE
00608 PREVIOUS BALANCE:						
						345.00

statement ate:	04/06/09	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:	1235157
-------------------	----------	--	---------

Current	31-60 Days	61-90 Days	>90 Days	Total	Ins Pending
0.00	214.00	131.00	0.00	345.00	0.00

END INQUIRIES / PAYMENTS TO:
WEST COLUMBIA INTERNAL MEDICIN
146 N HOSPITAL DR STE 350
WEST COLUMBIA, SC 29169
803-791-2985

WEST COLUMBIA INTERNAL MEDICINE
146 N HOSPITAL DR STE 350

WEST COLUMBIA SC 29169

803 791-2985

JACQUELINE JOYE
1033 FOUNDERS RD

LEXINGTON SC 29073

Date: 03/18/09
From: WEST COLUMBIA INTERNAL MEDICINE
146 N HOSPITAL DR STE 350

WEST COLUMBIA SC 29169

RE:
Acct: 1235157 450122
Bal : 131.00

We have received and applied all payments from insurance companies or other sources. The amount reflected above is now past due within this account and is due from you.

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Sincerely,

Credit/Collections Department

WEST COLUMBIA INTERNAL MEDICIN
146 N HOSPITAL DR STE 350
WEST COLUMBIA, SC 29169

V18101 4
5392M
FR06

Please Include Security Code From Back Of Card	
CHECK CARD USING FOR PAYMENT	
CARD NUMBER	 <input type="checkbox"/> MASTERCARD
CARDHOLDER NAME	 <input type="checkbox"/> VISA
SIGNATURE	EXP. DATE SECURITY CODE AMOUNT

REMIT TO:

>433331 7130763 001 042046
JACQUELINE C JOYE
1033 FOUNDERS RD
LEXINGTON SC 29073-9592



WEST COLUMBIA INTERNAL MEDICIN
146 HOSPITAL DR N STE 350
WEST COLUMBIA SC 29169-4800

Office Phone Number 803-791-2985	Statement Date 02/05/09	Your Account Number 1235157	Page No. 1	Patent # 131.00	SHOW AMOUNT PAID HERE \$ _____
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CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

0508 PREVIOUS BALANCE:

131.00

Statement		02/05/09		PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:		1235157	
Current	31-60 Days	61-90 Days	>90 Days	Total	Ins Pending	PATIENT'S AMOUNT	
131.00	0.00	0.00	0.00	131.00	0.00	131.00	

INQUIRIES / PAYMENTS TO:

WEST COLUMBIA INTERNAL MEDICIN
146 N HOSPITAL DR STE 350
WEST COLUMBIA, SC 29169
803-791-2985

West Columbia Internal Medicine

Dr. Gilbert Rogers

Dr. Huong Phan

Dr. Stuart Cooper

Dr. Cassandra Patterson

I understand that I have used all of my allowed Medicaid visits for this fiscal year, ending June 30th.

I also understand that the cost of my office visit with my doctor today will be my responsibility and I agree to pay.

If I pay for my visit in full today, I will receive a 25% discount.

Name

Acqueline C. Saye

Please print

Signature

Acqueline C. Saye

Date of Birth 9/19/54 Today's Date 3/26/09

This last Appointment I had ~~with~~ with
Dr. Huang Thi Phan M.D. I had to
Sign this bc I could not have
been seen that Morning.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Meyers</i>	DATE <i>4-23-09</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>.100599</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Letter dated 4/19/09 signed by Fidelity attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-4-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
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3.			
4.			

RECEIVED

APR 23 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Jacqueline C. Joye
1033 Founders Road
Lexington South Carolina 29073
April 23, 2009

The South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia South Carolina 29201

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State of South Carolina
Department of Health and Human Services

Mark Sanford

Governor

Emma Forkner

Director

April 9, 2009

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Lexington, SC 29073

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Deputy Director, Medical Services

1033 Founders Road
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THANK YOU VERY MUCH.

JACQUELINE C. JOYE

Matison L. Boyer
M.D.

Barnaby T. Dedmond
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David R. Kingery
M.D.

Andy T. McGown
M.D.

James C. McIntosh
M.D.

Randall S. Suarez
M.D.

March 20, 2009

Re: Jacqueline Joye

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If you have any questions please do not hesitate to contact me.

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James C. McIntosh, Jr., MD

JCM/prf

Lexington Medical Park 2
146 North Hospital Drive
Suite 140
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FAX: (803) 936-8097

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FAX: (803) 358-6208

7033 St. Andrews Road
Suite 104
Columbia, SC 29212
Phone: (803) 936-7230
FAX: (803) 749-9675

LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140

WEST COLUMBIA SC 29169

803 936-8882

JACQUELINE JOYE
1033 FOUNDERS RD

LEXINGTON SC 29073

Date: 04/15/09
From: LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140

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Sincerely,

Credit/Collections Department

LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140

WEST COLUMBIA SC 29169

803 936-8882

JACQUELINE JOYE
1033 FOUNDERS RD

LEXINGTON SC 29073

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146 N HOSPITAL DR STE 140

WEST COLUMBIA SC 29169

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We appreciate you choosing Lexington Medical Center for your healthcare needs.

Sincerely,

Credit/Collections Department

WEST COLUMBIA INTERNAL MEDICINE
146 N HOSPITAL DR STE 350

WEST COLUMBIA SC 29169

803 791-2985

803-791-6537

1033 FOUNDERS RD

LEXINGTON SC 29073

Date: 04/07/09
From: WEST COLUMBIA INTERNAL MEDICINE
146 N HOSPITAL DR STE 350

WEST COLUMBIA SC 29169

RE:
Acct: 1235157 450122
Bal : 131.00

Your account has become delinquent and requires immediate attention. We have received and applied all payments from insurance companies or other sources. The amount reflected above is past due within this account and is due from you.

We would appreciate your payment for this balance within ten (10) days from the date of this letter. If payment of this balance in full would create a financial hardship for you, please call to speak to a representative. They are prepared to discuss an interest free payment plan with you.

We appreciate you choosing Lexington Medical Center for your healthcare needs.

Sincerely,

Credit/Collections Department

1235157
WEST COLUMBIA INTERNAL MEDICIN
146 N HOSPITAL DR STE 350
WEST COLUMBIA, SC 29169

STATEMENT

V18101 4
5392M
TU07

REMIT TO:

>11970 7201261 001 092096
JACQUELINE C JOYE
1033 FOUNDERS RD
LEXINGTON SC 29073-9592



WEST COLUMBIA INTERNAL MEDICIN
146 HOSPITAL DR N STE 350
WEST COLUMBIA SC 29169-4800
146HOSPITALDRNSTE350WESTCOLUMBIASC29169-4800

Please Include Security Code From Back Of Card	
CHECK CARD USING FOR PAYMENT	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	EXP. DATE
CARDHOLDER NAME	SECURITY CODE
SIGNATURE	AMOUNT

Office Phone Number
803-791-2985

Statement Date
04/06/09

Your Account Number
1235157

Page No.
1

Current Balance
345.00

SHOW AMOUNT
PAID HERE \$

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS	BALANCE
100608	PREVIOUS	BALANCE:				345.00

Statement Date: 04/06/09 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 1235157

Current	31-60 Days	61-90 Days	>90 Days	Total	Ins Pending	PAID BALANCE
0.00	214.00	131.00	0.00	345.00	0.00	345.00

SEND INQUIRIES / PAYMENTS TO:
WEST COLUMBIA INTERNAL MEDICIN
146 N HOSPITAL DR STE 350
WEST COLUMBIA, SC 29169
803-791-2985

11970 7201261 011971 011971 00001/00001 920969902

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

92096S111

WEST COLUMBIA INTERNAL MEDICINE
146 N HOSPITAL DR STE 350

WEST COLUMBIA SC 29169

803 791-2985

JACQUELINE JOYE
1033 FOUNDERS RD

LEXINGTON SC 29073

Date: 03/18/09
From: WEST COLUMBIA INTERNAL MEDICINE
146 N HOSPITAL DR STE 350

WEST COLUMBIA SC 29169

RE:
Acct: 1235157 450122
Bal : 131.00

We have received and applied all payments from insurance companies or other sources. The amount reflected above is now past due within this account and is due from you.

We would appreciate your payment of this balance within ten (10) days of the date of this letter. If payment of this balance in full would create a financial hardship for you, please call to speak to a representative. They are prepared to discuss an interest free payment plan for you.

We appreciate you choosing Lexington Medical Center for your healthcare needs.

Sincerely,

Credit/Collections Department

West Columbia Internal Medicine

Dr. Gilbert Rogers

Dr. Huong Phan

Dr. Stuart Cooper

Dr. Cassandra Patterson

I understand that I have used all of my allowed
Medicaid visits for this fiscal year, ending June 30th.

I also understand that the cost of my office visit
with my doctor today will be my responsibility and I
agree to pay.

If I pay for my visit in full today, I will receive a 25%
discount.

Name

Acqueline C. Joyce

Please print

Signature

Acqueline C. Joyce

Date of Birth

9/19/54

Today's Date

3/26/09

This last Appointment I had ~~with~~
Dr. Huang. This PM. I had to
Sigh this is I would not have
been seen that Morning.

Jacqueline C. Joye
1033 Founders Road
Lexington, SC 29073-9582

RECEIVED

APR 23 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

S. Cath Carolina Department of Health and Human Services

P.O. Box 8206

Colum B.H., South Carolina 29201

ATT. Emma Forester & Felicity Myers
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