

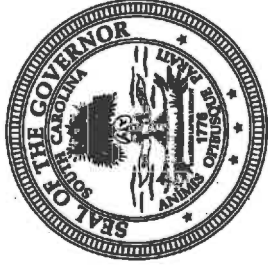
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-10-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000461</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>[Signature]</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
<i>From G20r without letter just cover letter from G20r. No response needed.</i>		<input checked="" type="checkbox"/> Necessary Action DATE DUE _____	

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



State of South Carolina
Office of the Governor

MARK SANFORD
GOVERNOR

February 27, 2008

POST OFFICE BOX 12267
COLUMBIA 29211

RECEIVED

Ms. Sybrina McKenzie
Lowcountry Medical Associates
Ancillary Services Billing Department
180 Wingo Way, Suite 105
Mount Pleasant, South Carolina 29464

MAR 10 2008
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sybrina,

Thank you for your correspondence. I am sorry to hear of the difficulties you're experiencing and am asking that someone from the Department of Health and Human Services contact you directly. You should be hearing from that office soon. In the meantime, thanks again for taking the time to write.

Sincerely,

A handwritten signature in dark ink, appearing to be "Mark Sanford".

Mark Sanford

MS/emj

cc: Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services

Log. Myers
N/A

Patient Chart - Williams, Keenan R

Williams, Keenan R

Medical Record 32737

Encounter:

General History/Notes

Financial

Encounter

Encounter Number
103575
76617

Encounter	Enc Date	SN Description	OP14	Qty	Amount	Type	Tracking Desc	Reason	Tooth	Surface	Qualifier
11/27/07	11/19/07	Venipunct Inj/heel/	36415	1.00	12.00	Chg					
11/27/07	11/19/07	Automated Hemogl	85025	1.00	12.00	Chg					
11/27/07	11/19/07	Assey, serum iron	83540	1.00	28.00	Chg					

Encounter Financial Summary

Charges	Unapplied	Payments	Adjustments	Refunds	Bad Debt	Balance
\$83.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83.00

Encounter Number
Encounter Date

Printing

Start NextGen EPR

NextGen - LMA Ancillary Services

Version: 12/28/08 08:00 AM

MCKENZIES

doi sc gov - Financial

Encounters		Patient Information		Transactions		Insurance		General		3 Notes	
Encounter	Encounter Date	Encounter Description	Encounter Type	Encounter Amount	Encounter Reason	Encounter Surface	Encounter Quadra	Encounter Reason	Encounter Date	Encounter Type	Encounter Amount
12/15/06	12/15/06	Glycosylated hemo...	83036	1.00	60.00	Chg					
12/15/06	12/15/06	Metabolic panel, ba...	80048	1.00	48.00	Chg					
12/15/06	12/15/06	Hepatic function pa...	80076	1.00	52.00	Chg					
12/15/06	12/15/06	Lipid profile	80061	1.00	78.00	Chg					
01/09/07	01/09/07	Medicaid Ad			-48.47	Ad					
01/09/07	01/09/07	Medicaid Print			11.53	Print					

Encounter Financial Summary

Charges	Unapplied	Payments	Adjustments	Refunds	Bad Debt	Balance
\$238.00	\$0.00	\$11.53	-\$48.47	\$0.00	\$0.00	\$178.00

Encounter Number
 Encounter Date

Patient Chart - Walters, Lee

Walters, Lee

Encounter Information

Encounter

105364
 105312
 100357

Financial

Direct History Notes

Encounter

Encounter	Date	Time	Amount	Type	Debit	Credit	Balance	Yr	Surf	Qual
12/27/07	12/27/07	12:00	36415	1.00	12.00	Chg				
12/27/07	12/27/07	12:00	84153	1.00	55.40	Chg				
12/27/07	12/27/07	12:00	80061	1.00	78.00	Chg				
12/27/07	12/27/07	12:00	84403	1.00	100.00	Chg				

Encounter Financial Summary

Charges	Unapplied	Payments	Adjustments	Refunds	Bad Debt	Balance
\$285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.00

Encounter Number
 Encounter Date

Encounter Number
104703
51902
43163

Transact	Svc Date	SIM Description	CPT4	Qty	Amount	Type	Deductible	Tracking Desc	Reason	Footnote	Surface	Quota
12/04/07	11/28/07	Venipunct Ingr/heel/...	36415	1.00	12.00	Chg						
12/04/07	11/28/07	Rebuclocte count...	85025	1.00	32.00	Chg						
12/04/07	11/28/07	Rebuclocte count...	85044	1.00	32.00	Chg						
12/12/08	02/12/08	Microscopic exam...			00.00	Prn	00.5125624					

Encounter Financial Summary

Charges	Unapplied	Payments	Adjustments	Refunds	Bad Debt	Balance
\$86.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$86.00

Encounter Number
Encounter Date

12F Farmfield Avenue
Charleston, S.C. 29407
Mt Pleasant, S.C. 29464
(843) 937-8101 x 254 phone
(843) 266-3571 fax

**LMA Ancillary Billing
Department**

Fax

COPY

To: Clorethia Johnson @ Medicaid **From:** Lyn Inman

Fax: 803-255-8255 **Pages:** 12

Phone: 843-937-8101 ext. 254 **Date:** 1/28/2008

Re: UNPAID MEDICAID SECONDARY

CLAIMS. PLEASE HELP. FEEL FREE

TO CONTACT ME @ 843-937-8101

EXT254

Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● **Comments:** This fax is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential & is exempt from disclosure under applicable law. If you have received this fax in error please be advised that any dissemination, distribution or copying of this communication prohibited. If you are not the intended recipient of this fax please call (843) 937-8101 x 254, then shred this fax. Thank you

**LMA Ancillary Services
Insurance Aging Analysis**

1/04/08 7:56 AM
As of 1/4/2008
Line Item

Payer Phone	E//A/B	Birth Dt	Policy #	Group #	Dt of Svc	Sv It	Ins2 Amt	Chg Amt	Ln Itm Amt
-------------	--------	----------	----------	---------	-----------	-------	----------	---------	------------

Totals for Bendt, Timmy							\$44.19	\$400.00	\$44.19
Boston, Gloria	98929	06/09/1941	663022896		10/17/2007	78465	\$69.35	\$850.00	\$69.35
(800) 868-9095			0						
(800) 868-9095	98929	06/09/1941	663022896		10/17/2007	78480	\$9.17	\$125.00	\$9.17
(800) 868-9095			0						
(800) 868-9095	98929	06/09/1941	663022896		10/17/2007	78478	\$9.17	\$125.00	\$9.17
(800) 868-9095			0						
(800) 868-9095	98929	06/09/1941	663022896		10/17/2007	93017	\$11.44	\$125.00	\$11.44
(800) 868-9095			0						
(800) 868-9095	98929	06/09/1941	663022896		10/17/2007	A9500	\$24.34	\$185.00	\$24.34
(800) 868-9095			0						
(800) 868-9095	98929	06/09/1941	663022896		10/17/2007	A9505	\$18.26	\$500.00	\$18.26
Totals for Boston, Gloria			0				\$141.73	\$1,910.00	\$141.73

Brown, Leonard	98714	11/10/1951	110771020		10/24/2007	70486	\$33.07	\$350.00	\$33.07
(888) 809-3040			1						
Totals for Brown, Leonard							\$33.07	\$350.00	\$33.07
Brown, Vernon	93272	06/28/1952	410482050		08/20/2007	93325	\$16.41	\$210.00	\$16.41
(888) 809-3040			1						
(888) 809-3040	93272	06/28/1952	410482050		08/20/2007	93320	\$11.60	\$125.00	\$11.60
(888) 809-3040			1						
(888) 809-3040	93272	06/28/1952	410482050		08/20/2007	93307	\$25.88	\$275.00	\$25.88
Totals for Brown, Vernon							\$63.89	\$610.00	\$63.89

Buck, Kenneth	99346	10/16/1959	278017424		10/22/2007	71020	\$20.58	\$65.00	\$20.58
(800) 868-9095			9						
Totals for Buck, Kenneth							\$20.58	\$65.00	\$20.58
Campbell, Mary A	10095	08/16/1925	771905210		11/02/2007	93880	\$26.12	\$270.00	\$26.12
(800) 868-9095			1						
Totals for Campbell, Mary A							\$26.12	\$270.00	\$26.12

Cannaday, Alene

Confidential

**LMA Ancillary Services
Insurance Aging Analysis**

Line Item

As of 1/4/2008

1/04/08 7:56 AM

Payer Phone	EN/A/B	Birth Dt	Policy #	Group #	Dt of Svc	Sv It	Ins2 Amt	Chg Amt	Ln itm Amt
(888) 809-3040	96740	11/25/1951	110201690 3		09/25/2007	72193	\$35.51	\$500.00	\$35.51
(888) 809-3040	96740	11/25/1951	110201690 3		09/25/2007	74160	\$43.63	\$575.00	\$43.63
(888) 809-3040	96740	11/25/1951	110201690 3		09/25/2007	Q9946	\$53.40	\$300.00	\$53.40
Totals for Gathers, Sandra M							<u>\$132.54</u>	<u>\$1,375.00</u>	<u>\$132.54</u>
Graham, Suzette D (800) 868-9095	76880	09/27/1956	760300120 1		02/13/2007	74185	\$82.03	\$875.00	\$82.03
Totals for Graham, Suzette D							<u>\$82.03</u>	<u>\$875.00</u>	<u>\$82.03</u>
Grampus, Lily M (888) 809-3040	77926	11/29/1933	810545490 1		02/22/2007	70450	\$32.18	\$355.00	\$32.18
Totals for Grampus, Lily M							<u>\$32.18</u>	<u>\$355.00</u>	<u>\$32.18</u>
Helmuth, Willa S (800) 868-9095	99932	12/22/1933	960793850 1		10/25/2007	72193	\$35.51	\$500.00	\$35.51
(800) 868-9095	99932	12/22/1933	960793850 1		10/25/2007	74160	\$43.63	\$575.00	\$43.63
(800) 868-9095	99932	12/22/1933	960793850 1		10/25/2007	Q9946	\$55.38	\$300.00	\$55.38
Totals for Helmuth, Willa S							<u>\$134.52</u>	<u>\$1,375.00</u>	<u>\$134.52</u>
Hillsman, Robert M (800) 868-9095	94794	07/25/1949	710848370 1		09/05/2007	93971	\$5.75	\$225.00	\$5.75
Totals for Hillsman, Robert M							<u>\$5.75</u>	<u>\$225.00</u>	<u>\$5.75</u>
Holmes, Kate S (800) 868-9095	86508	11/10/1923	910764140 1		06/04/2007	77080	\$14.49	\$244.00	\$14.49
Totals for Holmes, Kate S							<u>\$14.49</u>	<u>\$244.00</u>	<u>\$14.49</u>
Jansson, Jennifer L (888) 809-3040	64308	12/28/1975	578030134 8		09/06/2006	70450	\$10.00	\$355.00	\$10.00
Totals for Jansson, Jennifer L							<u>\$10.00</u>	<u>\$355.00</u>	<u>\$10.00</u>

Confidential

LMA Ancillary Services Insurance Aging Analysis

Line Item
As of 1/4/2008

Payer Phone	E/I/A/B	Birth Dt	Policy #	Group #	Dt of Svc	Sv It	Ins2 Amt	Chg Amt	Ln Itm Amt
(800) 868-9095	96371	11/11/1948	131143500	09/21/2007	73221		\$61.19	\$875.00	\$61.19
Totals for Miller, James L									
Nolton, Frankie J	98149	01/16/1935	010365520	10/09/2007	93971		\$16.45	\$225.00	\$16.45
Totals for Nolton, Frankie J									
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	J1250	\$0.97	\$50.00	\$0.97
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	78465	\$81.86	\$850.00	\$81.86
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	78480	\$10.86	\$125.00	\$10.86
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	78478	\$10.86	\$125.00	\$10.86
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	93017	\$11.70	\$125.00	\$11.70
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	A9500	\$24.34	\$185.00	\$24.34
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	A9505	\$18.26	\$500.00	\$18.26
Perkalis, Frances									
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	J1250	\$0.97	\$50.00	\$0.97
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	78465	\$81.86	\$850.00	\$81.86
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	78480	\$10.86	\$125.00	\$10.86
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	78478	\$10.86	\$125.00	\$10.86
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	93017	\$11.70	\$125.00	\$11.70
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	A9500	\$24.34	\$185.00	\$24.34
(800) 868-9095	62291	11/24/1943	478052240	09002020	08/09/2006	A9505	\$18.26	\$500.00	\$18.26
Totals for Perkalis, Frances									
Prevost, Mary E	99648	08/16/1940	510218670	10/24/2007	77080		\$14.49	\$244.00	\$14.49
Totals for Prevost, Mary E									
Pringle, Lee Queen	90596	11/22/1921	578009051	07/24/2007	93325		\$16.41	\$210.00	\$16.41
(888) 809-3040	90596	11/22/1921	578009051	07/24/2007	93320		\$11.60	\$125.00	\$11.60
(888) 809-3040	90596	11/22/1921	578009051	07/24/2007	93307		\$25.88	\$275.00	\$25.88
(888) 809-3040	90596	11/22/1921	578009051	07/24/2007	93880		\$26.12	\$270.00	\$26.12
Totals for Pringle, Lee Queen									
							\$80.01	\$880.00	\$80.01

Rabon, Annie

Confidential

LMA Ancillary Services Insurance Aging Analysis

Line Item
As of 1/4/2008

1/04/08 7:56 AM									
Payer Phone	E//A/B	Birth Dt	Policy #	Group #	Dt of Svc	Sv It	Ins2 Amt	Chg Amt	Ln Item Amt
(888) 809-3040	93548	01/31/1934	571572590		08/22/2007	93325	\$82.03	\$210.00	\$82.03
(888) 809-3040	91869	01/31/1934	571572590		08/03/2007	76700	\$14.76	\$140.00	\$14.76
(888) 809-3040	93548	01/31/1934	571572590		08/22/2007	93320	\$26.14	\$125.00	\$26.14
(888) 809-3040	93548	01/31/1934	571572590		08/22/2007	93307	\$25.88	\$275.00	\$25.88
(888) 809-3040	93548	01/31/1934	571572590		08/22/2007	76700	\$14.76	\$140.00	\$14.76
Totals for Scott, Pearl							\$163.57	\$890.00	\$163.57
Sheffield, Jackie M	98851	06/03/1955	678067443	4	10/16/2007	78300	\$19.38	\$180.00	\$19.38
(800) 868-9095	98851	06/03/1955	678067443	4	10/16/2007	A9503	\$4.53	\$65.00	\$4.53
Totals for Sheffield, Jackie M							\$23.91	\$245.00	\$23.91
Simmons, Susie Mae	81149	05/06/1950	410736060	1	03/30/2007	93017	\$11.44	\$125.00	\$11.44
(800) 868-9095							\$11.44	\$125.00	\$11.44
Totals for Simmons, Susie Mae							\$11.44	\$125.00	\$11.44
Smailes, Lillie B	88157	08/10/1915	010864950	1	06/21/2007	78006	\$22.20	\$175.00	\$22.20
(888) 809-3040	88157	08/10/1915	010864950	1	06/21/2007	A9516	\$19.21	\$100.00	\$19.21
Totals for Smailes, Lillie B							\$41.41	\$275.00	\$41.41
Smith, Irene	99089	07/04/1943	772060990	1	10/18/2007	72193	\$35.51	\$500.00	\$35.51
(888) 809-3040	99089	07/04/1943	772060990	1	10/18/2007	74160	\$43.63	\$575.00	\$43.63
(888) 809-3040	99089	07/04/1943	772060990	1	10/18/2007	Q9946	\$55.38	\$300.00	\$55.38
Totals for Smith, Irene							\$134.52	\$1,375.00	\$134.52
Smith, James S	74198	05/31/1951	530358770	1	01/12/2007	76770	\$14.69	\$140.00	\$14.69
(800) 868-9095							\$14.69	\$140.00	\$14.69
Totals for Smith, James S							\$14.69	\$140.00	\$14.69

LMA Ancillary Services Insurance Aging Analysis

Line Item
As of 1/4/2008

1/04/08 7:56 AM	Payer Phone	E/I/A/B	Birth Dt	Policy #	Group #	Dt of Svc	SV It	Ins2 Amt	Chg Amt	Ln Itm Amt
	(888) 809-3040	97761	10/12/1965	760213740		10/03/2007	72193	\$43.59	\$500.00	\$43.59

Totals for Thomas, Joyce J

\$98.97	\$800.00	\$98.97
---------	----------	---------

Walters, Cindy A
(888) 809-3040

\$12.22	\$110.00	\$12.22	09/19/2007	76856
---------	----------	---------	------------	-------

Totals for Walters, Cindy A

\$12.22	\$110.00	\$12.22
---------	----------	---------

Totals for Washington, Maybell

\$244.00	\$244.00	\$244.00
----------	----------	----------

Washington, Maybell
(800) 868-9095

\$244.00	\$244.00	\$244.00	03/01/2007	77080
----------	----------	----------	------------	-------

Totals for Watkins, Ronnie R

\$82.78	\$400.00	\$82.78
---------	----------	---------

Watkins, Ronnie R
(800) 868-9095

\$25.80	\$125.00	\$25.80	06/21/2006	93320
---------	----------	---------	------------	-------

White, Galligher
(800) 868-9095

\$16.41	\$210.00	\$16.41	05/31/2007	93325
---------	----------	---------	------------	-------

(800) 868-9095

\$11.60	\$125.00	\$11.60	05/31/2007	93320
---------	----------	---------	------------	-------

(800) 868-9095

\$24.34	\$185.00	\$24.34	05/31/2007	A9500
---------	----------	---------	------------	-------

(800) 868-9095

\$18.26	\$500.00	\$18.26	05/31/2007	A8505
---------	----------	---------	------------	-------

(800) 868-9095

\$1.07	\$200.00	\$1.07	05/31/2007	J1245
--------	----------	--------	------------	-------

(800) 868-9095

\$25.88	\$275.00	\$25.88	05/31/2007	93307
---------	----------	---------	------------	-------

(800) 868-9095

\$69.35	\$850.00	\$69.35	05/31/2007	78465
---------	----------	---------	------------	-------

(800) 868-9095

\$9.17	\$125.00	\$9.17	05/31/2007	78480
--------	----------	--------	------------	-------

(800) 868-9095

\$9.17	\$125.00	\$9.17	05/31/2007	78478
--------	----------	--------	------------	-------

(800) 868-9095

\$11.44	\$125.00	\$11.44	05/31/2007	93017
---------	----------	---------	------------	-------

Totals for White, Galligher

\$196.69	\$2,720.00	\$196.69
----------	------------	----------

Confidential

12F Farmfield Avenue
Charleston, S.C. 29407
Mt Pleasant, S.C. 29464
(843) 937-8101 x 254 phone
(843) 268-3571 fax

LMA Ancillary Billing Department

Fax

COPY

To: Clorethia Johnson @ Medicaid **From:** Lyn Inman

Fax: 803-255-8255 **Pages:** 13 **17**

Phone: 843-937-8101 ext. 254 **Date:** 1/3/2008

Re: Names and information on patients
with outstanding balances where
Medicaid is 2nd insurance. Also copies
of Medicaid EOB's that have claims for
patients, but no money and no edit
codes or ECF sheets. Please help

Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● **Comments:** This fax is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential & is exempt from disclosure under applicable law. If you have received this fax in error please be advised that any dissemination, distribution or copying of this communication prohibited. If you are not the intended recipient of this fax please call (843) 937-8101 x 254, then shred this fax. Thank you

Patient Name	DOB	DOS	Medicaid Number	ECF returned	no response	no pay	no edits	No ECF
Carrie Abernathy	6/1/1948	9/18/2007	4780402512	12-Nov	x	x		
Sou Ballou	12/10/1933	10/15/2007	2780101477					x
Timmy Bendt	10/22/1959	2/21/2007	9605849701					x
Gloria Boston	6/9/1941	10/17/2007	6630228960		x			x
Vernon Brown	6/28/1952	8/20/2007	4104820501		x	x	x	x
Bernell Cooper	6/23/1951	6/6/2007	5780276630	10/25 & 08/03	x	x		
Glen Davis	1/20/1957	9/24/2007	3102308501		x	x	x	x
Lawrence Eaddie	10/15/1929	10/16/2007	6108322702		x	x	x	x
Margie Frierson	9/21/1928	9/20/2007	5715717801	12-Nov	x	x	x	
Sandra Gathers	11/25/1951	9/25/2007	1102016903		x	x	x	x
Suzette Graham	7/25/1949	2/13/2007	7603001201	x	x	x	x	x
Robert Hillsman	7/25/1949	9/5/2007	7108483701	x	x	x	x	x
Kate Holmes	11/10/1923	6/4/2007	9107641401	x	x	x	x	x
Jennifer Jansson	12/28/1975	9/6/2006	5780301348	x	x	x	x	x
Bennie Johnson	3/16/1954	10/9/2007	8780340631	x	x	x	x	x
Mark Judy	3/30/1963	10/8/2007	5780273551	x	x	x	x	x
Artha Mae Lewis	5/8/1929	5/10/2007	100342301	x	x	x	x	x
Charles Mack	6/29/1934	10/17/2007	1780466090	x	x	x	x	x
Ester McManus	8/26/1934	8/22/2007	5102838201	x	x	x	x	x
Ester McManus	8/26/1934	10/8/2007	5102838201	x	x	x	x	x
James Miller	11/11/1948	9/21/2007	1311435001	x	x	x	x	x
Frankie Nolton	1/16/1935	10/9/2007	103655201	x	x	x	x	x
Vermell Payton	10/20/1940	2/22/2007	530542001	x	x	x	x	x
Francis Perkalis	11/24/1943	8/9/2006	4780522402	x	x	x	x	x
Queen Lee Pringle	11/22/1921	7/24/2007	5780090517	10/29/2007	x	x	x	
Patrice Reid	11/15/1965	10/5/2007	6722580901	x	x	x	x	x
Annabelle Richardson	2/1/1919	1/30/2007	2717069801	8/3/2007	x	x	x	
Annabelle Richardson	2/1/1919	5/10/2007	2717069801	8/3/2007	x	x	x	
Barbara Rowland	8/30/1942	9/26/2007	7780567963	x	x	x	x	x
Barbara Rowland	8/30/1942	10/4/2007	7780567963	x	x	x	x	x
Mary Rutledge	8/18/1924	10/16/2007	9729901201	x	x	x	x	x
Pearl Scott	1/31/1934	8/22/2007	5715725901	x	x	x	x	x
Jackie Sheffield	6/3/1955	10/16/2007	6780674434	x	x	x	x	x
Susie Mae Simmons	5/6/1950	3/30/2007	4107360601	x	x	x	x	x
Irene Smith	7/4/1943	10/18/2007	7720609901	x	x	x	x	x

PROVIDER ID. 000008645
 DEPT OF HEALTH AND HUMAN SERVICES
 GP2939
 SOUTH CAROLINA MEDICAID PROGRAM

PROFESSIONAL SERVICES
 REMITTANCE ADVICE

PAYMENT DATE
 11/09/2007

PAGE
 1

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE RENDERED DATE(S) MMDDYY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT T MEDICAID S	RECIPIENT ID. NUMBER	RECIPIENT NAME F M LAST NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
000367249	0631204093005700A				1910.00	✓ 0.00 R	4729499901	S B BROWN				
	01		101306	93017	125.00	✓ 0.00 R			000		0.00	0.00
	02		101306	78478	125.00	0.00 R			OTC		0.00	0.00
	03		101306	78480	125.00	0.00 R			OTC		0.00	0.00
	04		101306	78465	850.00	0.00 R			OTC		0.00	0.00
	05		101306	A9500	185.00	0.00 R			000		0.00	0.00
	06		101306	A9505	500.00	0.00 R			000		0.00	0.00
								EDITS: L00 690 EDITS: L01*943 EDITS: L03*943 EDITS: L05*943		L00*943 L02*943 L04*943 L06*943		
000382815	0714908735020300A				1375.00	✓ 128.24 P	2717153001	R H TELFAIR				
	01		042307	72193	500.00	38.17 P			OTC		0.00	0.00
	02		042307	74160	575.00	38.17 P			OTC		0.00	0.00
	03		042307	Q9946	300.00	51.90 P			OGA		0.00	0.00
								EDITS: L00*583				
000388157	0719402774011300A				275.00	✓ 0.00 S	0108649501	L B SMALLS				
	01		062107	78006	175.00	0.00 S			OTC		0.00	0.00
	02		062107	A9516	100.00	0.00 S			000		0.00	0.00
000394029	0726202906006300A				425.00	✓ 42.56 P	1607787001	D D MISOYIANIS				
	01		082807	71250	425.00	42.56 P			OTC		0.00	0.00
								EDITS: L00*583				
000393528	0728412605041500A				140.00	✓ 0.00 S	5102838201	E O MCMANUS				
	01		082207	76770	140.00	0.00 S			OTC		0.00	0.00
000369874	0728412611041500A				1050.00	✓ 0.00 S	7608014801	G BURBAGE				
	01		111406	70552	1050.00	0.00 S			OTC		0.00	0.00
000393272	0728412612041500A				610.00	✓ 0.00 S	4104820501	V BROWN				
	01		082007	93325	210.00	0.00 S			OTC		0.00	0.00
	02		082007	93320	125.00	0.00 S			OTC		0.00	0.00
	03		082007	93307	275.00	0.00 S			OTC		0.00	0.00

\$170.80

FOR AN EXPLANATION OF THE
 ERROR CODES LISTED ON THIS
 FORM REFER TO: "MEDICAID
 PROVIDER MANUAL".

IF YOU STILL HAVE QUESTIONS
 PHONE THE D.H.H.S. NUMBER
 SPECIFIED FOR INQUIRY OF
 CLAIMS IN THAT MANUAL.

CERT. PG TOT

CERTIFIED AMT

MEDICAID PG TOT

MEDICAID TOTAL

CHECK TOTAL

STATUS CODES:

P = PAYMENT MADE
 R = REJECTED
 S = IN PROCESS
 E = ENCOUNTER

CHECK NUMBER

PROVIDER NAME AND ADDRESS

LMA DIAGNOSTIC RADIOLOGY
 LOWCOUNTRY MEDICAL ASSOCIA
 180 WINGO WAY STE 105
 MOUNT PLEASANT SC 29464

NOV 12 2007



PROVIDER ID. 000008647
 DEPT OF HEALTH AND HUMAN SERVICES
 GP2939
 SOUTH CAROLINA MEDICAID PROGRAM

PROFESSIONAL SERVICES
 REMITTANCE ADVICE

PAYMENT DATE
 11/09/2007

PAGE
 3

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE RENDERED DATE(S) MMDDYY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT T MEDICAID S	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	M O D	TLE. 18 ALLOWED D CHARGES	COPAY AMT	TITLE 18 PAYMENT
000394794	0729004164012600A 01		090507	93971	225.00 225.00	✓ 0.00 S 0.00 S	7108483701	* Robert Hillsman T M NELSON			0.00	0.00
000395065	0729700299001100A 01 02 03		091007 091007 091007	71260 Q9946 Q9946	800.00 500.00 198.00 102.00	✓ 0.00 S 0.00 S 0.00 S 0.00 S	2601318703	T WILLIAMS			0.00 0.00 0.00	0.00 0.00 0.00
000386775	0729904321009100A 01 02 03 04 05 06		060607 060607 060607 060607 060607 060607	78465 78480 78478 93017 A9500 A9505	1910.00 850.00 125.00 125.00 125.00 185.00 500.00	✓ 0.00 S 0.00 S 0.00 S 0.00 S 0.00 S 0.00 S	5780276630	B COOPER			0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00
000399828	0730400435810700A 01		102507	93922	188.00 188.00	✓ 0.00 R 0.00 R	5180762202	D RUSSELL EDITS: L00*943 EDITS: L01 989			0.00	0.00
000300043	0730400247814300A 01		102607	70486	350.00 350.00	✓ 139.24 P 139.24 P	0100863702	K V BROWN EDITS: L00*943			0.00	0.00
000399835	0730600962810900A 01		102507	71020	65.00 65.00	0.00 R 0.00 R	7102954601	L MACKEY EDITS: L00*943 EDITS: L01 989			0.00	0.00
TOTALS			18		12998.00	310.04					0.00	0.00

FOR AN EXPLANATION OF THE
 ERROR CODES LISTED ON THIS
 FORM REFER TO: "MEDICAID
 PROVIDER MANUAL".

IF YOU STILL HAVE QUESTIONS
 PHONE THE D.H.H.S. NUMBER
 SPECIFIED FOR INQUIRY OF
 CLAIMS IN THAT MANUAL.

CERT. PG TOT	\$139.24
CERTIFIED AMT	\$310.04
CHECK TOTAL	\$310.04

STATUS CODES:

P = PAYMENT MADE
 R = REJECTED
 S = IN PROCESS
 E = ENCOUNTER
 5072313

PROVIDER NAME AND ADDRESS

LMA DIAGNOSTIC RADIOLOGY
 LOWCOUNTRY MEDICAL ASSOCIA
 180 WINGO WAY STE 105
 MOUNT PLEASANT SC 29464