

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

ACTION REFERRAL

TO <i>Meyers</i>	DATE <i>9-9-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>200139</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-18-08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>Claud 9/22/08, letter 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.			

Outlook Mobile Service

Sept. 8-08

info@scdhs.gov; (attn: EMMA FORKNER)

ghughston@sc.rr.com

Subject:

unable to get my child's physician required meds. (need your help)

To Ms. Emma Forkner:

SOUTH CAROLINA HEALTH AND HUMAN SERVICES

OFFICE OF THE DIRECTOR;

FROM: GEORGIA HUGHSTON

PO BOX 581

SUMMERVILLE, SC 29484

843-709-3569



SEP 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MS. FORKNER,

HELLO MY NAME IS GEORGIA HUGHSTON AND I AM EMAILING YOU ABOUT MY SON (PATRICK HUGHSTON) HIS MEDICAID BENEFITS. HE IS ON FIRST CHOICE SINCE JUNE 1-2008 AND WITHOUT KNOWING THEY DONOT APPROVE HIS MUCH NEEDED MEDICATIONS SUCH AS STRATTERA HE HAS BEEN TAKING SINCE 2005 FOR HIS ADHD AND IT HAS WORKED WELL AND HAS NO STIMULANTS AND WORKS WELL FOR HIM, HE HAS BEEN ON ANTI PSYCHOCTICS SINCE THE AGE OF 4. HE IS VERY EMOTIALLY DISABLED AND DUE TO HIS BEAHVIOR WE HOME SCHOOL HIM AND HIS CURRENT DOCTOR IS JAMES JENKINS AT THE MARY JENKINS CENTER FOR BEHAVIORAL HEALTH. AND I HAVE HAD NOTHING BUT PROBLEMS WITH FIRST CHOICE AND I CANNOT AFFORD HIS STRATTERA OUT OF MY POCKET DUE TO THE FACT I AM 100% DISABLED DUE TO DEGENERATIVE DISC IN MY LOWER BACK SO I RECEIVE SSI EVERY MONTH.. AND THE REASON I AM EMAILING YOU IS I AM IN NEED TO BE ABLE TO GET MY SONS MEDICATION AND FIRST CHOICE WON'T COVER IT AND I HAVE CALLED THE OTHER PROGRAMS AND IT SEEMS THE CAROLINA CRESCENT WITH A DRS NOTE WILL ALLOW MY SON TO GET HIS MEDS. I AM ASKING PLEASE MA'AM CAN I SWITCH MY SON TO CAROLINA CRESCENT SO HE CAN GET HIS NEEDED MEDICATION SUCH AS STRATTERA WHICH OUT OF POCKET COST \$ 360.00 PER MONTH. THE DOCTOR HAS BEEN GIVING ME SAMPLES UNTIL I CAN SWITCH TO ANOTHER HEALTHPLAN COMPANY.. I AM BEGGING YOU I DID NOT KNOW ABOUT HE 90 DAY MARK UNTIL I CALLED ABOUT AN HOUR AGO. I AM ALSO GIVING YOU MY SONS SSN# 248-99-5540 AND HIS MEDICAID NUMBER IS 7608065201.. AND MY SOCIAL IS 220-78-5936 AND PATRICKS DATE OF BIRTH IS MARCH 30, 1996 AND PLEASE GET BACK TO ME WHEN YOU CAN .. I WANT TO BE ABLE TO GET HIS MEDS FOR OCTOBER IF POSSIBLE.. THANKS AND GOD BLESS. GEORGIA ANN HUGHSTON (Monday, September 08, 2008...)

* my son's pharmacist

for a print-out if need.

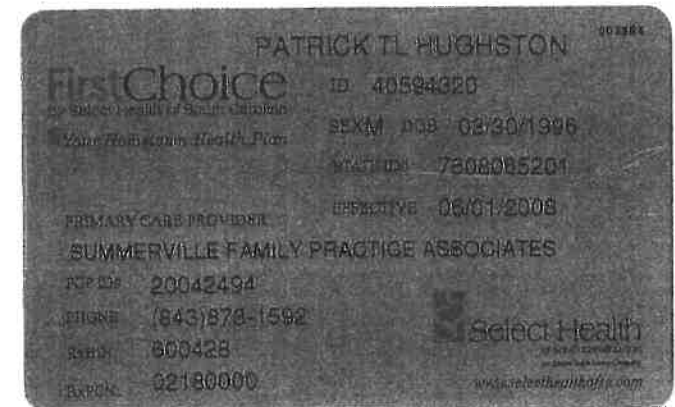
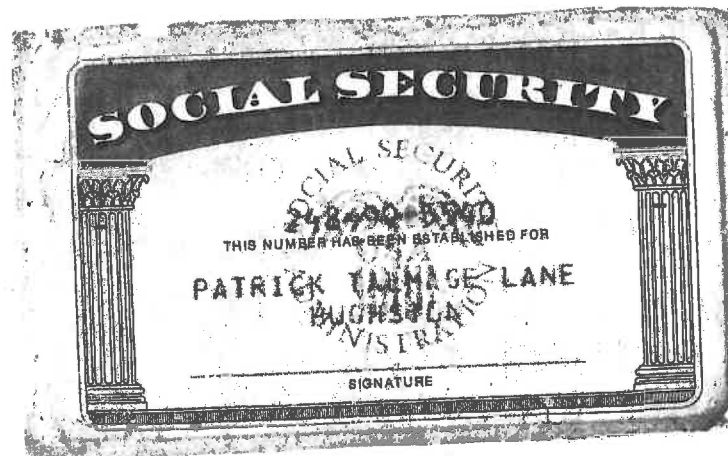
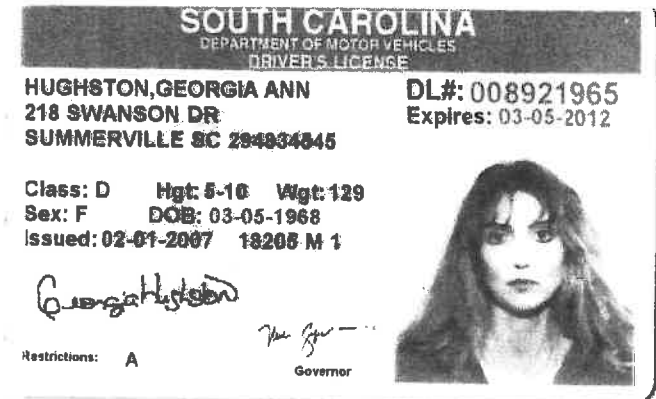
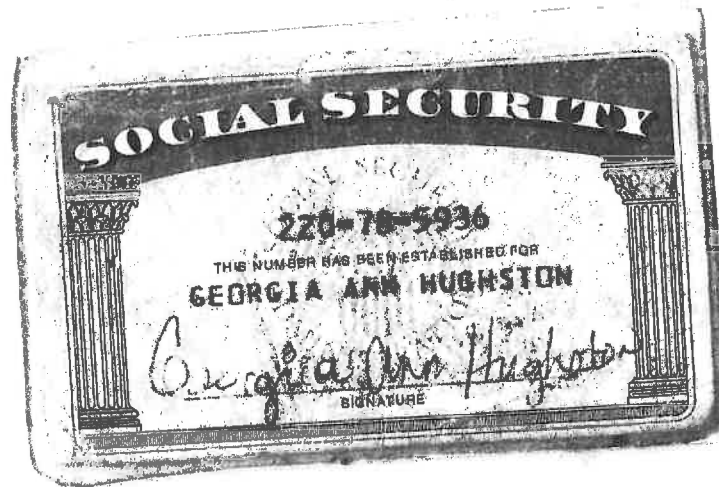
CVS 843-871-0310 #

my son's Dr. for behavior + medication Algmt.

enclosed a 1st page.

Sincerely,

Georgia Hughston



my son



DEDICATED TO YOUR HEALTH AND WELL-BEING

Enclosed are your Carolina Crescent Health Plan (membership) cards. Present your cards whenever you receive medical attention or fill a prescription.

REMEMBER THESE KEY POINTS

1. CALL YOUR DOCTOR

Before you use ANY services, please call your primary care physician's office at the number listed on the front of your Carolina Crescent card.

2. TALK TO YOUR PRIMARY CARE PHYSICIAN IF YOU NEED A SPECIALIST

Your primary care physician will coordinate all of your medical care. If you require a specialist, your primary care physician will send you to one.

3. YOUR PRIMARY CARE PHYSICIAN WILL PROVIDE CARE FOR YOU 24 HOURS A DAY

If you feel ill when your primary care physician's office is closed, call the telephone number listed on the front of your card or if unable to contact your physician, please call Carolina Crescent Nurse Line at 1-800-504-3402. Your call will be returned promptly. If emergency room services are needed, your physician will authorize them. Emergency room visits, like specialty visits must be authorized. In a life threatening emergency, go to the nearest emergency room first and then inform your primary care physician within 24 hours.

4. SHOULD YOU RECEIVE A BILL FROM A PROVIDER FOR AN AUTHORIZED SERVICE

Please, send the bill with your member I.D. number with an explanation to:

Claims Department

Carolina Crescent Health Plan, Inc., P.O. Box 11277, Columbia, S.C. 29211

If you have any questions or problems, call our Member Services Department: 1-866-748-8661

(save this card for future reference)



9/06/MC/08/06

80/10/50

0\$ SXR 0\$ DPS 0\$ PCP

105290809L

M 9661/03/30

TL KATRINA 'MOLSHENR

Name:
DOB:
ID#:

HUGHSTON, PATRICK TL
PO BOX 581
SUMMERVILLE, SC 29484

1998-84L-308
116262 CS 'VIA MONTBIA
75121 PO BOX 64

Carolina Crescent Health Plan, Inc.
MEMBERSHIP CARD

DESIGNED BY PCP

28 nch sb pro + nch
enrich pro ent may 1148 T, 2004

my son's Dr.
James Jenkins

The Henry Jenkins Center
3300 W. Montague Ave. (Bldg. A Ste. 203)
843-740-6999(P) 843-740-5433 (F)

Appointment

For: D. Jenkins

DAY: Tue

DATE: 9/9

Time: 2

am/pm am

If you are unable to keep your appointment, contact the receptionist as soon as possible.

Records of medications
from Dr. James Jenkins
Since - 2007

Proof he is taking Strattera

RECEIVED

SEP 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Initial Evaluation

Name

Robert Shuckler

Date

5/10/05

History of present illness:

11 y/o w m @ birthweight 7

Headline

Past psychiatric history:

well 600 T 110 Cholesterol 2

ADHD

803 g am

Past medical history:

Diabetes 803 g am

Social History:

2 children +

Family history:

stroke - alcoholism

Mental status exam:

Well oriented to person, place, time, and situation. No significant abnormalities.

Current meds:

well 600 T 110

Diagnosis:

40 40 80

Plan:

40 T 110 2 80 815

40 PRN

Signature

PROGRESS NOTES

NAME: Patricia Hughes Code _____ Session Length _____

Date: 5/16/07 Visit # _____

Notes (Progress/Observations/Goals Addressed)

Reorder 60 JT10A 80118
+ 1122

PLAN/GOALS

Current GAF _____

Clinician's Signature _____

Date _____

medicated a little
little more and very

Code _____ Session Length _____

Date _____

Notes (Progress/Observations/Goals Addressed)

Visit # _____

5-21-07 Strattera 100mg qd (B1g increased) authorized for 1 year
Rx 5-21-07 to 5-21-08 medical 760806 5201
1-866-247-1181

Current GAF _____

Plan/Goals

Clinician's Signature _____

Date _____

**PHYSICIAN
PROGRESS NOTES**

NAME: Patricia Burdette Code _____ Session Length _____

Date: 5/23/07 Visit # _____

Notes (Progress/Observations/Goals Addressed)

Code: 809 gkm 1409 new 2800
 subqlyt 600 T110
 wmgly 25-50-100
 Strathmore 100 Current GAF _____

PLAN/GOALS

non mmjgmkh

Clinician's Signature _____ Date _____

Date	Visit #	Code	Session Length
6-5-07	1	65	40

Plan/Goals _____ Current GAF _____

6-5-07 Strathmore 60mg. approved for 1 year 6-5-07 to
 6-5-08 40mg. approved until 7-31-07
 Strathmore

Clinician's Signature _____ Date _____

PHYSICIAN
PROGRESS NOTES

NAME: Patrick Dougherty

Visit #

Code

Session Length

Date:

Notes (Progress/Observations/Goals Addressed)

7/16/07 month 100 hrs
Cordor 402 1310
Station 60 2900
Visit to 2900
infected 600 T10
Bottle

Current GAF

Clinician's Signature

Date

Visit #

Date

Notes (Progress/Observations/Goals Addressed)

Code

Session Length

8/10/07 Successful 50 hrs
NIC Cordor
Station 60 2900
Vagrine 30 2900

Current GAF

Plan/Goals

Patk Dougherty
Stomach

Clinician's Signature

Date

Patk

**PHYSICIAN
PROGRESS NOTES**

Session Length

Goals Addressed)

Date: 8/1/11

Notes (Progress/Observations/Goals Addressed) 30

Volman

James
E. Arnold

~~Current GAF:~~

PLAN/GOALS

U.S. 117

[Handwritten signature]

Date

Clinician's Signature _____

5

Visit #

Code

Session Length

Date _____

9119107

Date	Visit #	Notes (Progress/Observations/Goals Addressed)
9/19/01		

Current GAF

Plan/Goals

Clinician's Signature

Date

PHYSICIAN
PROGRESS NOTES

NAME: Patricia Hughes

Date: 10/16/07 Visit # _____ Code _____ Session Length _____

Notes (Progress/Observations/Goals Addressed)

Virginia 30 yr.
cough 800 T11D
Benign 50 2 hrs

PLAN/GOALS Stetho 60 28 Current GAF _____

Better to have more
to do

Date _____

Clinician's Signature _____

Code _____ Session Length _____

Date 11/13/07 Visit # _____
Notes (Progress/Observations/Goals Addressed)

Plan/Goals _____ Current GAF _____

Better to have more

Clinician's Signature _____ Date _____

PHYSICIAN
PROGRESS NOTES

NAME: Patricia Buckner

Visit #

Code

Session Length

Date:

Notes (Progress/Observations/Goals Addressed)

Progress: Sed 30 min

PLAN/GOALS

Current GAF

daily

Clinician's Signature

Date

2/18/15

Visit #

Code

Session Length

Date Notes (Progress/Observations/Goals Addressed)

Progress 70 min

Plan/Goals

Current GAF

W/M
progress notes

Clinician's Signature

Date

PHYSICIAN
PROGRESS NOTES

NAME Patricia S. [Signature]

Visit #

Code

Session Length

Date

3/4/08

Notes (Progress/Observations/Goals Addressed)

Upright 20gts gr

PLAN/GOALS

Current GAF

Upright

Clinician's Signature

[Signature]

Date

03/04/08

Visit #

Code

Session Length

Date

4/14/08

Notes (Progress/Observations/Goals Addressed)

Upright 20gts gr

[Signature]

Plan/Goals

Current GAF

→

12-60

no action

an's Signature

[Signature]

Date

7/14/08 Skotten boy 2982

Wynne boy 8 hr

Sengul 42 3145

Standard work of

8/14/08

27

Sengul 100 2 Hrs

Wynne boy 511 hr

Skotten 100 2 hr

05-07

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SEP 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

PHYSICIAN
PROGRESS NOTES

NAME: PATRICK HUGNSTON

DATE <u>5/14/68</u>	VISIT # <u>1</u>	CODE <u> </u>	SESSION LENGTH <u> </u>
---------------------	------------------	----------------	--------------------------

Medications Prescribed This Visit Current other Meds/Substances

Scopolamine 50 3#S

12 mg twice po qid

Notes (Progress/Observations/Goals addressed)

3/11/68 - 600 mg qid

- ☐ Sleep
- ☐ Energy
- ☐ Appetite
- ☐ Men/Conc.
- ☐ Obsessing
- ☐ Anxiety

maybe 1 dose tomorrow

12 mg

PLAN/GOALS Current GAF:

Physician's Signature: <u><i>[Signature]</i></u>	Date: <u> </u>	Date of Next Session: <u> </u>
--	-----------------	---------------------------------

DATE <u>5/14/68</u>	VISIT # <u>1</u>	CODE <u> </u>	SESSION LENGTH <u> </u>
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Medications Prescribed This Visit Other: Current Meds/Substances

meds 12 mg

12 mg

Notes (Progress/Observations/Goals addressed)

No action

- ☐ Sleep
- ☐ Energy
- ☐ Appetite
- ☐ Men/Conc.
- ☐ Obsessing
- ☐ Anxiety

OK

PLAN/GOALS Current GAF:

Physician's Signature: <u><i>[Signature]</i></u>	Date: <u> </u>	Date of Next Session: <u> </u>
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Pg. 12 of 12

— mother
of
Patrick
Hughston

SOUTH CAROLINA
DEPARTMENT OF MOTOR VEHICLES
DRIVER'S LICENSE

HUGHSTON, GEORGIA ANN
218 SWANSON DR
SUMMERVILLE SC 294854445

DL#: 008921965
Expires: 03-06-2012

Class: D Hgt: 5-10 Wgt: 129
Sex: F DOB: 03-05-1968
Issued: 02-01-2007 18205 M 1

Georgia
Governor

Restrictions: A



FirstChoice PATRICK TL HUGHSTON
by Select Health of South Carolina
First Choice Health Plan

ID: 405944220

SEX: M DOB: 03/05/1968
STATE ID#: 7608068201
EFFECTIVE: 06/01/2008

PRIMARY CARE PROVIDER:
SUMMERVILLE FAMILY PRACTICE ASSOCIATES

PCP ID#: 20042494
PHONE: (843) 873-1592

RABIN: 600428
FACID: 02180000

Select Health
www.selecthealthnc.com

Patrick's (my son)
I.O.

CVS

Pharmacy

**Private and Confidential
Intended for Addressee Only**

PATRICK HUGHSTON
218 SWANSON DR.
SUMMERVILLE SC 294830000

09/08/2008

Dear Patient:

Enclosed is your Patient Prescription Record, as recently requested from CVS/pharmacy.

If you have questions about this record, please go to www.CVS.com/privacy for further information or contact the Privacy Office at 1.800.287.2414.

RECEIVED

SEP 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
 01/01/2005 THRU 09/08/2008

PAGE: 1
 DATE: 09/08/2008 TIME: 14:27:58

PHARMACY NAME: CVS/REVCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001 TELEPHONE: 843-330-7045
 PATIENT NAME: PATRICK HUGHSTON BIRTHDATE: 03/30/1996
 ADDRESS: 218 SWANSON DR. SEX: M
 CITY, ST, ZIP: SUMMERVILLE SC 294830000 RELATIONSHIP: H

CURRENT ALLERGIES ON RECORD:
 None communicated by the patient

CURRENT CONDITIONS ON RECORD:
 None communicated by the patient

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
871738	00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	08/07/2006	JB	60	240.30	240.30				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00007975903001		TP2 AUTH #:				TP4 AUTH #:				
871738	1 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	09/07/2006	ER	60	260.55	260.55				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008070394601		TP2 AUTH #:				TP4 AUTH #:				
890564	00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	09/25/2006	MR	90	12.96	12.96				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008128365001		TP2 AUTH #:				TP4 AUTH #:				
890565	00045064065	TOPAMAX 50 MG TABLET MCN	WILCOX, MICHAEL	09/25/2006	MK	60	217.45	217.45				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008128301801		TP2 AUTH #:				TP4 AUTH #:				
890892	00037069210	TUSSI-12D TABLET MED	WIMBERLY, CW	09/26/2006	MK	20	42.71	42.71				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008131145901		TP2 AUTH #:				TP4 AUTH #:				
892066	00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	09/29/2006	MR	60	325.63	325.63				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008143307301		TP2 AUTH #:				TP4 AUTH #:				
892905	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	10/02/2006	RS	90	393.00	393.00				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008152950401		TP2 AUTH #:				TP4 AUTH #:				
871736	2 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	10/07/2006	MR	60	260.55	260.55				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008171007201		TP2 AUTH #:				TP4 AUTH #:				
897702	00591560001	TRAZODONE 50 MG TABLET WAT	WILCOX, MICHAEL	10/16/2006	MR	30	5.27	5.27				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008195397501		TP2 AUTH #:				TP4 AUTH #:				
897703	00045064065	TOPAMAX 50 MG TABLET MCN	WILCOX, MICHAEL	10/16/2006	MR	90	346.25	346.25				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008195726901		TP2 AUTH #:				TP4 AUTH #:				
890564	1 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	10/25/2006	MK	90	12.96	12.96				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008225450401		TP2 AUTH #:				TP4 AUTH #:				
892066	1 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	10/30/2006	JB	60	325.63	325.63				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008241221701		TP2 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
 01/01/2005 THRU 09/08/2008

PAGE: 2
 DATE: 09/08/2008 TIME: 14:17:58

PHARMACY NAME: CVS/REXCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 216 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
904440	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	11/03/2006	JB	60	263.35	263.35				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008258291201		TP2 AUTH #:								
905878	00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	11/07/2006	RS	60	260.55	260.55				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008271564701		TP2 AUTH #:								
907898	00045064165	TOPAMAX 100 MG TABLET MCN	WILCOX, MICHAEL	11/13/2006	MR	60	315.58	315.58				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008287535401		TP2 AUTH #:								
907901	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	11/13/2006	MK	90	393.00	393.00				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008288880701		TP2 AUTH #:								
892066	2 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	11/24/2006	MR	60	325.63	325.63				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008323110201		TP2 AUTH #:								
890564	2 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	11/24/2006	MR	90	12.96	12.96				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008323109401		TP2 AUTH #:								
905878	1 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	12/08/2006	RS	60	260.55	260.55				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008371525501		TP2 AUTH #:								
919716	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	12/13/2006	MR	90	393.00	393.00				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008390103501		TP2 AUTH #:								
919715	00045064165	TOPAMAX 100 MG TABLET MCN	WILCOX, MICHAEL	12/13/2006	MR	60	315.58	315.58				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008390098701		TP2 AUTH #:								
919717	00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	12/24/2006	ER	90	12.96	12.96				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008422964001		TP2 AUTH #:								
919718	00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	12/24/2006	ER	60	325.63	325.63				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008422963901		TP2 AUTH #:								
905878	2 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	01/10/2007	ER	60	260.55	260.55				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008475070701		TP2 AUTH #:								
929824	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	01/11/2007	RS	90	443.18	443.18				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008481292001		TP2 AUTH #:								
929823	00045064165	TOPAMAX 100 MG TABLET MCN	WILCOX, MICHAEL	01/11/2007	RS	90	471.35	471.35				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008481280701		TP2 AUTH #:								

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
 01/01/2005 THRU 09/08/2008

PAGE: 3
 DATE: 09/08/2008 TIME: 14:21:58

PHARMACY NAME: CVS/RESCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001 TELEPHONE: 843-330-7045
 PATIENT NAME: PATRICK HUGHSTON BIRTHDATE: 03/30/1996
 ADDRESS: 218 SWANSON DR. SEX: M
 CITY, ST, ZIP: SUMMERVILLE SC 294830000 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
919717	1 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	01/22/2007	SH	90	12.96	12.96				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008511062001		TP2 AUTH #:								
919718	1 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	01/22/2007	SH	60	355.87	355.87				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008511062501		TP2 AUTH #:								
939619	00037069210	TUSSE-12D TABLET MED	WIMBERLY, CHRISTOPHER W	02/06/2007	MK	40	81.36	81.36				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008567111401		TP2 AUTH #:								
941156	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	02/09/2007	MK	90	443.18	443.18				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008579792001		TP2 AUTH #:								
941154	00093104201	FLUOXETINE HCL 10 MG CAPSULETEV	WILCOX, MICHAEL	02/09/2007	MK	30	7.06	7.06				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008579783901		TP2 AUTH #:								
941155	00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	02/09/2007	MK	60	260.55	260.55				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008579789701		TP2 AUTH #:								
942531	63395010105	FLOXIN 0.3% EAR DROPS DAI	EVANS, SCOTT	02/13/2007	MK	5	62.55	62.55				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008591616601		TP2 AUTH #:								
919718	2 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	02/19/2007	RS	60	355.87	355.87				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008608116801		TP2 AUTH #:								
919717	2 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	02/19/2007	RS	90	12.96	12.96				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008608115401		TP2 AUTH #:								
941155	1 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	03/09/2007	JB	60	260.55	260.55				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008675440801		TP2 AUTH #:								
952159	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	03/09/2007	MK	90	443.18	443.18				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008675576301		TP2 AUTH #:								
952160	00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	03/14/2007	SH	60	355.87	355.87				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008689718501		TP2 AUTH #:								
952163	00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	03/14/2007	SH	90	12.96	12.96				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008689718701		TP2 AUTH #:								
109167	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	04/04/2007	MK	90	443.18	443.18				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00008767737501		TP2 AUTH #:								

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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PHARMACY NAME: CVS/REVOO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294630000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 218 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294630000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
111272	00002325030	STRATTERA 80 MG CAPSULE LIL	WILCOX,MICHAEL	04/10/2007	JB	30	142.43	142.43				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008786385001			TP2 AUTH #:				TP4 AUTH #:				
952160	1 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX,MICHAEL	04/22/2007	MR	60	355.87	355.87				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008819392301			TP2 AUTH #:				TP4 AUTH #:				
952163	1 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX,MICHAEL	04/22/2007	MR	90	12.96	12.96				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008819391001			TP2 AUTH #:				TP4 AUTH #:				
109167	1 00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX,MICHAEL	05/08/2007	MK	90	443.18	443.18				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008876008501			TP2 AUTH #:				TP4 AUTH #:				
111272	1 00002325030	STRATTERA 80 MG CAPSULE LIL	WILCOX,MICHAEL	05/08/2007	MK	30	142.43	142.43				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008876008801			TP2 AUTH #:				TP4 AUTH #:				
125738	00002325130	STRATTERA 100 MG CAPSULE LIL	JENKINS,JAMES	05/19/2007	RS	3	20.79					20.79
	1st PYR #:			2nd PYR #:				4th PYR #:				
TP1 AUTH #:				TP2 AUTH #:				TP4 AUTH #:				
125738	1 00002325130	STRATTERA 100 MG CAPSULE LIL	JENKINS,JAMES	05/21/2007	RS	27	128.59	128.59				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008911740201			TP2 AUTH #:				TP4 AUTH #:				
127237	00049397060	GEODON 40 MG CAPSULE ROE	JENKINS,JAMES	05/23/2007	MK	150	779.24	779.24				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008921600901			TP2 AUTH #:				TP4 AUTH #:				
130853	00173064255	LAMICTAL 100 MG TABLET GSK	JENKINS,JAMES	06/04/2007	MR	30	127.53	127.53				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008954950601			TP2 AUTH #:				TP4 AUTH #:				
130852	00002322930	STRATTERA 40 MG CAPSULE LIL	JENKINS,JAMES	06/04/2007	MK	30	132.30	132.30				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00008957232201			TP2 AUTH #:				TP4 AUTH #:				
130851	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	06/05/2007	MK	30	148.99					148.99
	1st PYR #:			2nd PYR #:				4th PYR #:				
TP1 AUTH #:				TP2 AUTH #:				TP4 AUTH #:				
137619	00078045705	TRILEPTAL 600 MG TABLET NOV	WIMBERLY,C.W.	06/25/2007	MK	90	443.18	443.18				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00009014151301			TP2 AUTH #:				TP4 AUTH #:				
137620	00049397060	GEODON 40 MG CAPSULE ROE	WIMBERLY,C.W.	06/25/2007	MK	60	314.13	314.13				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00009014156101			TP2 AUTH #:				TP4 AUTH #:				
137621	00173064255	LAMICTAL 100 MG TABLET GSK	WIMBERLY,C.W.	06/27/2007	ER	30	127.53	127.53				.00
	1st PYR #:	110		2nd PYR #:				4th PYR #:				
TP1 AUTH #:	00009018918501			TP2 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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PHARMACY NAME: CVS/RESCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 216 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
138853	00002323930	STRATTERA 60 MG CAPSULE LIL	WIMBERLY,C.W.	06/28/2007	MK	30	138.72	138.72				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009025420601		TP2 AUTH #:				TP4 AUTH #:				
138854	00002322930	STRATTERA 40 MG CAPSULE LIL	WIMBERLY,C.W.	06/28/2007	MK	30	138.72	138.72				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009025417701		TP2 AUTH #:				TP4 AUTH #:				
137620	1 00049397060	GEODON 40 MG CAPSULE ROE	WIMBERLY,C.W.	07/23/2007	RS	60	314.13	314.13				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009095920501		TP2 AUTH #:				TP4 AUTH #:				
138853	1 00002323930	STRATTERA 60 MG CAPSULE LIL	WIMBERLY,C.W.	07/23/2007	RS	30	138.72	138.72				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009095921901		TP2 AUTH #:				TP4 AUTH #:				
137619	1 00078045705	TRILEPTAL 600 MG TABLET NOV	WIMBERLY,C.W.	07/23/2007	RS	90	443.18	443.18				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009095919601		TP2 AUTH #:				TP4 AUTH #:				
138854	1 00002322930	STRATTERA 40 MG CAPSULE LIL	WIMBERLY,C.W.	07/23/2007	RS	30	138.72	138.72				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009095921101		TP2 AUTH #:				TP4 AUTH #:				
137621	1 00173064255	LAMICTAL 100 MG TABLET GSK	WIMBERLY,C.W.	07/23/2007	RS	30	127.53	127.53				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009095919901		TP2 AUTH #:				TP4 AUTH #:				
151561	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	08/10/2007	JB	30	119.25	119.25				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009150179501		TP2 AUTH #:				TP4 AUTH #:				
151789	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	08/14/2007	MK	60	273.38	273.38				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009160166401		TP2 AUTH #:				TP4 AUTH #:				
154567	00173064255	LAMICTAL 100 MG TABLET GSK	JENKINS,JAMES E	08/20/2007	RS	30	136.71	136.71				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009179424801		TP2 AUTH #:				TP4 AUTH #:				
156986	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	08/28/2007	JB	30	109.23	109.23				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009201968701		TP2 AUTH #:				TP4 AUTH #:				
156988	00078045705	TRILEPTAL 600 MG TABLET NOV	JENKINS,JAMES E	08/28/2007	JB	90	443.18	443.18				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009201975901		TP2 AUTH #:				TP4 AUTH #:				
156985	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	08/30/2007	MK	30	115.64	115.64				.00
	1st PYR #:	16935		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	0004680540		TP2 AUTH #:				TP4 AUTH #:				
154567	1 00173064255	LAMICTAL 100 MG TABLET GSK	JENKINS,JAMES E	09/19/2007	MR	30	136.71	136.71				.00
	1st PYR #:	110		3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00009276435601		TP2 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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PHARMACY NAME: CVS/REVCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001 TELEPHONE: 843-330-7045
 PATIENT NAME: PATRICK HUGHSTON BIRTHDATE: 03/30/1996
 ADDRESS: 218 SWANSON DR. SEX: M
 CITY, ST, ZIP: SUMMERVILLE SC 294830000 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
151789	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	09/19/2007	RS	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009273495701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
156986	1 00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	09/20/2007	TT	30	109.23	109.23				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009276799001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
166098	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	09/26/2007	RS	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009295994001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
173076	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	10/18/2007	MK	60	214.41	214.41				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009370263301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
173077	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	10/18/2007	MK	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009370266701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
173078	68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS,JAMES E	10/18/2007	MK	90	392.68	392.68				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009370270501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
173079	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	10/19/2007	TT	30	115.20	115.20				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009372639301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181295	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	11/13/2007	MK	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009456581001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181293	68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS,JAMES E	11/13/2007	MK	90	392.68	392.68				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009456574701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181294	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	11/13/2007	MK	60	214.41	214.41				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009456577601	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181296	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	11/13/2007	MK	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009456584001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181295	2 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	12/11/2007	MR	56	255.43	255.43				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009546797101	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
189968	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	12/11/2007	MR	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009546951001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
161294	2 00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	12/11/2007	MK	56	200.38	200.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009557473401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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 DATE: 09/08/2008 TIME: 14:27:58

PHARMACY NAME: CVS.REVCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 218 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
181293	2 66462013901	OXCARBAZEPINE 500 MG TABLETGLN	JENKINS,JAMES E	12/11/2007	MK	84	366.77	366.77				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009570634601	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
198622	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES	01/08/2008	RS	90	319.59	319.59				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009638664101	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
199568	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	01/10/2008	TT	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009644409101	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
198590	59417010510	VYVANSE 50 MG CAPSULE LOT	JENKINS,JAMES	01/10/2008	MK	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009642556801	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
199567	68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS,JAMES	01/10/2008	JB	90	392.68	392.68				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009652769201	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
199568	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	02/08/2008	MK	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009742572801	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
198622	1 00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES	02/08/2008	MK	90	347.35	347.35				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009742572001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
199567	1 68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS,JAMES	02/08/2008	MK	90	392.68	392.68				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009742572301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
208778	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	02/12/2008	RS	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009758450501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
217155	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	03/04/2008	RS	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009830940301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
217153	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES	03/04/2008	RS	120	461.79	461.79				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009831599401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
217151	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	03/06/2008	TT	30	115.20	115.20				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009837272701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
156988	1 00078045705	TRILEPTAL 600 MG TABLET NOV	JENKINS,JAMES E	03/21/2008	JB	90	487.09	487.09				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009888631401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
217155	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	04/08/2008	JB	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009944321501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				

PATIENT KEY: 04266001
PATIENT NAME: PATRICK HUGHSTON
ADDRESS: 218 SWANSON DR.
CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
BIRTHDATE: 03/30/1996
SEX: M
RELATIONSHIP: H

RX	NDC	DRUG DESCRIPTION	PRESCRIBER NAME	DATE	RPH	QUANT	TOTAL	TP #1	TP #2	TP #3	TP #4	PATIENT
NUMBER	RFL NUMBER			FILLED	INT	DISP.	PRICE	PD AMT	PD AMT	PD AMT	PD AMT	PD AMT
229523	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	04/14/2008	RS	30	119.25	119.25				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00309963569201	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
238476	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	05/15/2008	RR	30	118.42	118.42				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A8085363597071	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
238474	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES	05/15/2008	RR	90	326.23	326.23				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A7085365310651	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
238475	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	05/17/2008	MK	5	24.48	24.48				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A6085411814401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
238475	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	05/21/2008	MG	60	271.70	271.70				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A3085428658591	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
238474	1 00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES	06/16/2008	QH	90	326.23	326.23				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A9085681954771	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
238475	2 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	06/16/2008	MK	55	249.23	249.23				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A8085685276031	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
247005	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	06/16/2008	MK	30	118.42	118.42				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A2085683910601	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
254203	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	07/14/2008	JB	60	271.70	271.70				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A1085960743061	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
254202	00310027110	SEROQUEL 100 MG TABLET ZEN	JENKINS,JAMES	07/14/2008	JB	60	232.24	232.24				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A4085962340941	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
254205	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	07/14/2008	JB	30	118.42	118.42				.00
1st PYR #:	25940	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A5085963955401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
261339	00310027110	SEROQUEL 100 MG TABLET ZEN	JENKINS,JAMES	08/11/2008	MK	60	232.49	232.49				.00
1st PYR #:	17010	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A6086244004361	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
261338	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	08/11/2008	MK	30	118.67	118.67				.00
1st PYR #:	17010	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A5086247142081	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
261340	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	08/11/2008	MK	10	47.20	47.20				.00
1st PYR #:	17010	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	A5086242374321	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
PATIENT PRESCRIPTION RECORD
01/01/2005 THRU 09/08/2008

PAGE: 9
DATE: 09/08/2008 TIME: 14:27:58

PHARMACY NAME: CVS/REVCO #4204
ADDRESS: 301 N MAIN ST
CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001
PATIENT NAME: PATRICK HUGHSTON
ADDRESS: 218 SWANSON DR.
CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
BIRTHDATE: 03/30/1996
SEX: M
RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
261340	1 00003323930	STRATTERA 60 MG CAPSULE LIL	JENKINS, JAMES	08/26/2008	JB	60	271.95	271.95				.00
	1st PYR #: 17010	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: A2086391852351	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
				111	TOTAL AMOUNTS:		25832.31	25662.53	.00	.00	.00	169.78

CVS PHARMACY #4204
PATIENT PRESCRIPTION RECORD
01/01/2005 THRU 09/08/2008

PAGE: 10
DATE: 09/08/2008 TIME: 14:27:58

PHARMACY NAME: CVS/REVCO #4204
ADDRESS: 301 N MAIN ST
CITY, ST, ZIP: SUMMERVILLE SC 294630000

PATIENT KEY: 04268001
PATIENT NAME: PATRICK HUGHSTON
ADDRESS: 218 SWANSON DR.
CITY, ST, ZIP: SUMMERVILLE SC 294630000

TELEPHONE: 843-330-7045
BIRTHDATE: 03/30/1996
SEX: M
RELATIONSHIP: H

	TOTAL	TP #1	TP #2	TP #3	TP #4	PATIENT
	PRICE	PD AMT	PD AMT	PD AMT	PD AMT	PD AMT
111 TOTAL AMOUNTS:	25832.31	25662.53	.00	.00	.00	169.78

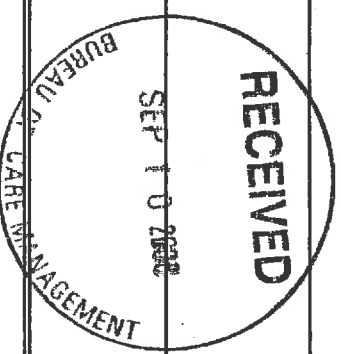
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <u>Myers / Hamilton</u>	DATE <u>9-9-08</u>
-------------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <u>000139</u>	<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 <u>9-18-08</u>
	<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. <u>[Signature]</u>	<u>9-17-08</u>		
2. <u>[Signature]</u>	<u>9-17-08</u>		
3. <u>Betsy Hamilton</u>	<u>9-18-08</u>		
4.			



Outlook Mobile Service

Sept. 8-08

To: Subject:

info@scdhs.gov; (attn:EMMA FORKNER)
ghughston@sc.tt.com
unable to get my child's physician required meds. (need your help)

To Ms. Emma Forkner:

SOUTH CAROLINA HEALTH AND HUMAN SERVICES

OFFICE OF THE DIRECTOR;

FROM: GEORGIA HUGHSTON

PO BOX 581

SUMMERVILLE, SC 29484

843-709-3569

RECEIVED

SEP 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MS. FORKNER,

HELLO MY NAME IS GEORGIA HUGHSTON AND I AM EMAILING YOU ABOUT MY SON (PATRICK HUGHSTON) HIS MEDICAID BENEFITS. HE IS ON FIRST CHOICE SINCE JUNE 1-2008 AND WITHOUT KNOWING THEY DONOT APPROVE HIS MUCH NEEDED MEDICATIONS SUCH AS STRATTERA HE HAS BEEN TAKING SINCE 2005 FOR HIS ADHD AND IT HAS WORKED WELL AND HAS NO STIMULANTS AND WORKS WELL FOR HIM, HE HAS BEEN ON ANTI PSYCHOCTICS SINCE THE AGE OF 4. HE IS VERY EMOTALLY DISABLED AND DUE TO HIS BEHAVIOR WE HOME SCHOOL HIM AND HIS CURRENT DOCTOR IS JAMES JENKINS AT THE MARY JENKINS CENTER FOR BEHAVIORAL HEALTH. AND I HAVE HAD NOTHING BUT PROBLEMS WITH FIRST CHOICE AND I CANNOT AFFORD HIS STRATTERA OUT OF MY POCKET DUE TO THE FACT I AM 100% DISABLED DUE TO DEGENERATIVE DISC IN MY LOWER BACK SO I RECEIVE SSI EVERY MONTH.. AND THE REASON I AM EMAILING YOU IS I AM IN NEED TO BE ABLE TO GET MY SONS MEDICATION AND FIRST CHOICE WON'T COVER IT AND I HAVE CALLED THE OTHER PROGRAMS AND IT SEEMS THE CAROLINA CRESCENT WITH A DRS NOTE WILL ALLOW MY SON TO GET HIS MEDS, I AM ASKING PLEASE MA'AM CAN I SWITCH MY SON TO CAROLINA CRESCENT SO HE CAN GET HIS NEEDED MEDICATION SUCH AS STRATTERA WHICH OUT OF POCKET COST \$ 360.00 PER MONTH. THE DOCTOR HAS BEEN GIVING ME SAMPLES UNTIL I CAN SWITCH TO ANOTHER HEALTHPLAN COMPANY.. I AM BEGGING YOU I DID NOT KNOW ABOUT HE 90 DAY MARK UNTIL I CALLED ABOUT AN HOUR AGO. I AM ALSO GIVING YOU MY SONS SSN# 248-99-5540 AND HIS MEDICAID NUMBER IS 7608065201.. AND MY SOCIAL IS 220-78-5936 AND PATRICKS DATE OF BIRTH IS MARCH 30,1996 AND PLEASE GET BACK TO ME WHEN YOU CAN .. I WANT TO BE ABLE TO GET HIS MEDS FOR OCTOBER IF POSSIBLE.. THANKS AND GOD BLESS. GEORGIA ANN HUGHSTON (Monday, September 08, 2008...)

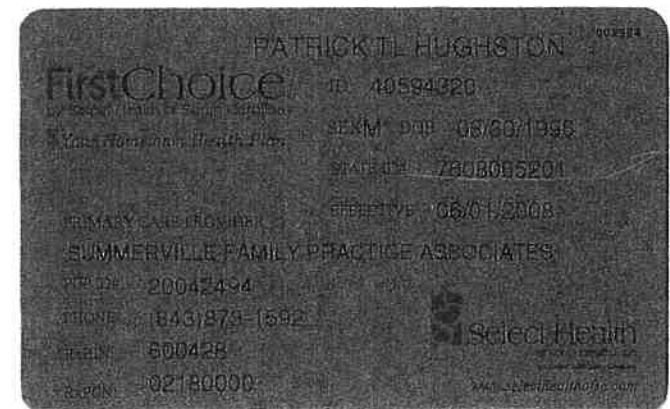
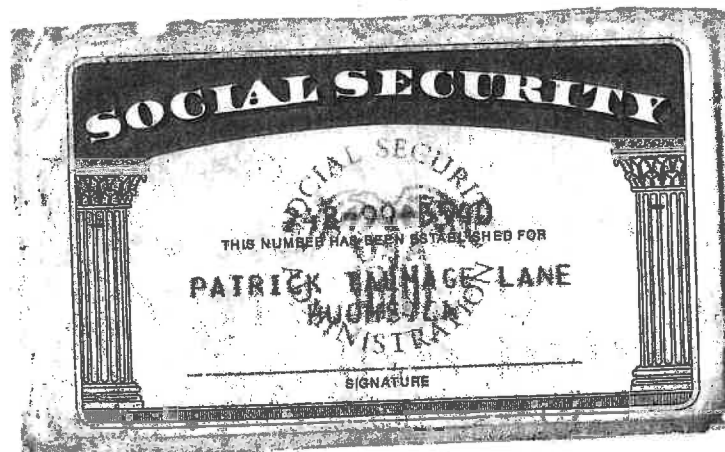
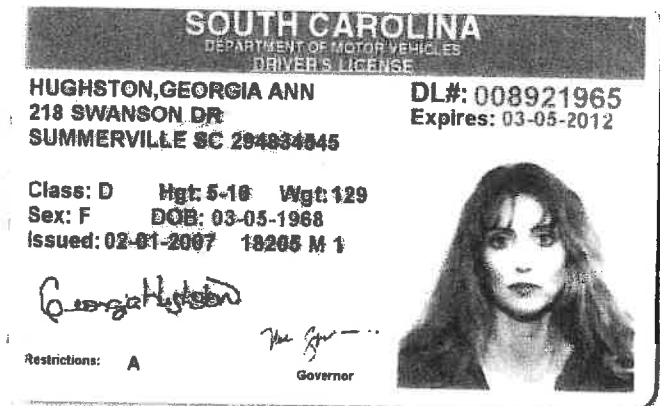
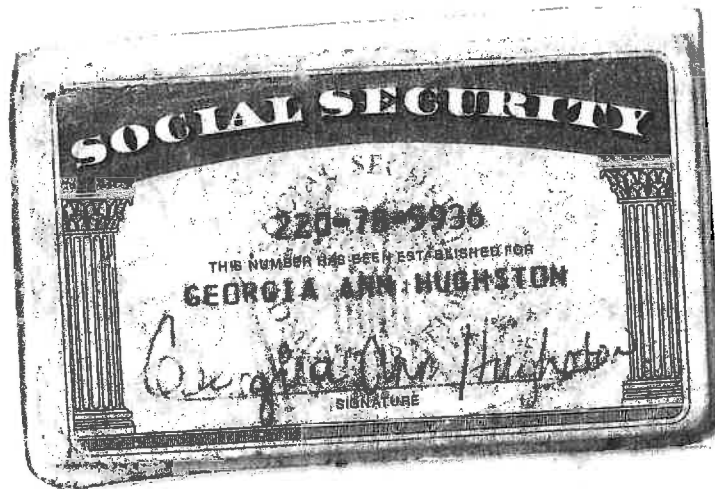
* My son's Pharmacist
for a print-out if need.
CNS 843-871-0310 #

Sincerely,

Georgia Hughston

My son's Dr. for Behavior +
medication Aqmnt.

enclosed on last page.



my son

See Dr. H. M.

DEDICATED TO YOUR HEALTH AND WELL-BEING

Enclosed are your Carolina Crescent Health Plan (membership) cards. Present your cards whenever you receive medical attention or fill a prescription.

1. CALL YOUR DOCTOR
REMEMBER THESE KEY POINTS

Before you use ANY services, please call your primary care physician's office at the number listed on the front of your Carolina Crescent card.

2. TALK TO YOUR PRIMARY CARE PHYSICIAN IF YOU NEED A SPECIALIST

Your primary care physician will coordinate all of your medical care. If you require a specialist, your primary care physician will send you to one.

3. YOUR PRIMARY CARE PHYSICIAN WILL PROVIDE CARE FOR YOU 24 HOURS A DAY

If you feel ill when your primary care physician's office is closed, **call the telephone number listed on the front of your card** or if unable to contact your physician, please call Carolina Crescent Nurse Line at 1-800-504-3402. Your call will be returned promptly. If emergency room services are needed, your physician will authorize them. Emergency room visits, like specialty visits must be authorized. In a life threatening emergency, go to the nearest emergency room first and then inform your primary care physician within 24 hours.

4. SHOULD YOU RECEIVE A BILL FROM A PROVIDER FOR AN AUTHORIZED SERVICE

Please, send the bill with your member I.D. number with an explanation to:

Claims Department
Carolina Crescent Health Plan, Inc, P.O. Box 11277, Columbia, S.C. 29211

If you have any questions or problems, call our Member Services Department: 1-866-748-8661

(save this card for future reference)



CAID/MC008006

0\$ SXR 0\$ CDS 0\$ DCD

80/10/50

1052590809L

M 9661/05/00

TM KCHIRAD, WOLSHENH

ID#:
DOB:
Name:

1998-09L-008

11262 SC 'A' BMDTIO
L5121 XOE OF
DENEDISSANNA, PCP

Carolina Crescent Health Plan, Inc.

HUGHSTON, PATRICK TL
PO BOX 581
SUMMERVILLE, SC 29484

*228 nch ss pay + mdran
enured p10 out may 1148 T. 2004 f*

The Mary Jenkins Center
3300 W. Montague Ave. (Bldg. A Ste. 203)
843-740-6999(F) 843-740-5433 (F)

Appointment

For: D. Salinas
DAY: Tu
DATE: 9/9
Time: 2 am/pm am

If you are unable to keep your appointment, contact the
receptionist as soon as possible.

My Son's Dr.
James Jenkins

Records of Medications
from Dr. James Jenkins
Since - 2007

Proof he is taking Strattera

RECEIVED

SEP 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Initial Evaluation

Name

Robert Shuckler

Date

5/10/15

History of present illness:

11 y/o w m c left arm wrist
hand

Past psychiatric history:

ADHD 1st 600 11/17 structure 2
Psychiatrist 803 9/07
Past medical history: 803 9/07 1/17

Social History:

2 children +

Family history:

stroke - alcoholism

Mental status exam:

Alert and oriented x3
Dress: appropriate

Current meds:

Levetiracetam 600 BID
Gabapentin 800 BID

Diagnosis:

40 40 80
11 months

Plan:

40 TIO 2 80 8/15

40 PRN

Signature

PROGRESS NOTES

NAME:

Patricia Hughes

Visit #

Code

Session Length

Date:

5/16/07

Notes (Progress/Observations/Goals Addressed)

Reorder 600 JT110A 8068
+ 1122

PLAN/GOALS

Current GAF

Clinician's Signature

Date

medicated a little
little med not very

Visit #

Code

Session Length

Date

Notes (Progress/Observations/Goals Addressed)

5-21-07 Strattera 100mg qd (B1g increased) authorized for 1 year
Re 5-21-07 to 5-21-08 medical 760806 5201
1-866-247-1181

Plan/Goals

Current GAF

Clinician's Signature

Date

PHYSICIAN
PROGRESS NOTES

NAME: Patricia Burdette Visit # _____ Code _____ Session Length _____

Date: 5/23/07

Notes (Progress/Observations/Goals Addressed)

Code: 809 gkm 1409 new 2800
mileage 600 T110
weight 25-50-100
Stuttering 100

PLAN/GOALS _____ Current GAF _____

non-muscular

Clinician's Signature _____ Date _____

[Signature] Visit # _____ Code _____ Session Length _____
Date: 6-4-07
Notes (Progress/Observations/Goals Addressed) _____
65 — 40

Plan/Goals _____ Current GAF _____

6-5-07 Stuttering 60ms. approved for 1 year 6-5-07 to
6-5-08 6-5-08 40ms. approved until 7-31-07
Stuttering

Clinician's Signature _____ Date _____

PHYSICIAN
PROGRESS NOTES

NAME: Patrick Dunne Visit # _____ Code _____ Session Length _____

Date: 7/16/07

Notes (Progress/Observations/Goals Addressed) weight 100 lbs

cardio 402 B10

glutathione 60 mg daily

PLAN/GOALS glutathione 60 mg daily Current GAF _____

infusions 600 T10
beta

Clinician's Signature [Signature] Date _____

Date 8/10/07 Visit # _____ Session Length 50 HS

Notes (Progress/Observations/Goals Addressed) OIC Card

9 glutathione 60 29 days

Vagovine 30 27 hr

Plan/Goals _____ Current GAF _____

beta glutathione
sumatriptan

Clinician's Signature [Signature] Date _____

Session Length

Goals Addressed)

15/11/2017

Current GAF:

Date

SS

Session Length

11

Date	Visit #	Notes (Progress/Observations/Goals Addressed)
9/19/01		

Current GAF

Date

PHYSICIAN
PROGRESS NOTES

NAME:

Petrick, Jennifer

Visit #

Code

Session Length

Date:

10/16/07

Notes (Progress/Observations/Goals Addressed)

Very good 30 M.
Excellent 600 T11D
TBon good 50 2 hrs

PLAN/GOALS

Still there 60 2 hrs

Current GAF

Better to have more

1 hr

Date

Clinician's Signature

[Signature]

Visit #

Code

Session Length

Date

11/13/07

Notes (Progress/Observations/Goals Addressed)

Plan/Goals

Current GAF

Better to have more

Clinician's Signature

Date

PHYSICIAN
PROGRESS NOTES

NAME: Patrick Dufort

Visit #

Code

Session Length

Date:

Notes (Progress/Observations/Goals Addressed)

Wagner's 502 9000

PLAN/GOALS

Current GAF

daily

Clinician's Signature

Date

Date 2/21/15 Visit # _____ Code _____ Session Length _____
Notes (Progress/Observations/Goals Addressed)

Wagner's 709000

Plan/Goals

Current GAF

Wagner's 709000

Clinician's Signature

Date

PHYSICIAN
PROGRESS NOTES

NAME: Patricia Sheehan Visit # 3408 Code _____ Session Length _____

Notes (Progress/Observations/Goals Addressed)

Wymu 2015 gr

PLAN/GOALS Current GAF _____

Wymu

Clinician's Signature [Signature] Date 10/24/08

Date 4/14/08 Visit # _____ Code _____ Session Length _____
Notes (Progress/Observations/Goals Addressed)

Wymu 10/25/08

[Signature]

Plan/Goals Current GAF _____

→ 12-60

no action

an's Signature [Signature] Date _____

19. 10 00 15

7/14/08 Skatena 603 288
Vynne 708 82
Sewgud 512 315

Standard work of

8/14/08

8/14/08

Sewgud 100 2 145
Vynne 708 82
Skatena 603 288

03-08

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SEP 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

PHYSICIAN
PROGRESS NOTESNAME: PATRICK HUGGSTONDATE 5/14/08 VISIT # 1 CODE SESSION LENGTH

Medications Prescribed This Visit

Current other Meds/Substances

4 Serenyl 50 3 #s1 Xanax 10 mg q2

Notes (Progress/Observations/Goals addressed)

☐ Sleep
☐ Energy
☐ Appetite
☐ Menstr/Conc.
☐ Obsessing
☐ Anxiety

3 Pills for 100 mg
maybe 1 dose tomorrow
1 sleep

PLAN/GOALS

Current GAF Physician's Signature: [Signature]Date: Date of Next Session:

DATE	VISIT #	CODE	SESSION LENGTH
<u>5/14/08</u>	<u>1</u>	<u> </u>	<u> </u>

Medications Prescribed This Visit

Other Current Meds/Substances

meds abovelow 12

Notes (Progress/Observations/Goals addressed)

No other

☐ Sleep
☐ Energy
☐ Appetite
☐ Menstr/Conc.
☐ Obsessing
☐ Anxiety

OK

PLAN/GOALS

Current GAF Physician's Signature: [Signature]Date: Date of Next Session:

Pg. 12 of 12

— mother
of
Patrick
hughston

SOUTH CAROLINA
DEPARTMENT OF MOTOR VEHICLES
DRIVER'S LICENSE

HUGHSTON, GEORGIA ANN
218 SWANSON DR
SUMMERVILLE SC 294834545

DL#: 008921365
Expires: 03-06-2012

Class: D Hgt: 5-10 Wgt: 129
Sex: F DOB: 03-05-1968
Issued: 02-01-2007 18205 M 1

Georgia Hughston
Governor



Choice PATRICK TL HUGHSTON

ID: 40594820

State Health Care Choice
State Health Care Choice

SPRM DOB: 03/30/1996
STATE ID: 7608085204

PRIMARY CARE PROVIDER: HUGHSTON, 06/01/2008
SUMMERVILLE FAMILY PRACTICE ASSOCIATES

PCPID: 200422494
PHONE: (843) 873-1592

RABIN: 600428
FAXON: 02780000

Select Health
www.selecthealthhugstons.com

Patrick's (my son)
I.O.

CVS

Pharmacy

**Private and Confidential
Intended for Addressee Only**

PATRICK HUGHSTON
218 SWANSON DR.
SUMMERVILLE SC 294830000

09/08/2008

Dear Patient:

Enclosed is your Patient Prescription Record, as recently requested from CVS/pharmacy.

If you have questions about this record, please go to www.CVS.com/privacy for further information or contact the Privacy Office at 1.800.287.2414.

RECEIVED

SEP 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
 01/01/2005 THRU 09/08/2008

PAGE: 1
 DATE: 09/08/2008 TIME: 14:27:58

PHARMACY NAME: CVS/RESCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: C4268001 TELEPHONE: 843-330-7045
 PATIENT NAME: PATRICK HUGHSTON BIRTHDATE: 03/30/1996
 ADDRESS: 218 SWANSON DR. SEX: M
 CITY, ST, ZIP: SUMMERVILLE SC 294830000 RELATIONSHIP: H

CURRENT ALLERGIES ON RECORD:
 None communicated by the patient

CURRENT CONDITIONS ON RECORD:
 None communicated by the patient

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
871738	00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX,MICHAEL	08/07/2006	JB	60	240.30	240.30				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00007975903001	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
871738	1 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX,MICHAEL	09/07/2006	ER	60	260.55	260.55				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008070394001	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
890564	00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX,MICHAEL	09/25/2006	MR	90	12.96	12.96				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008128365001	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
890565	00045064065	TOPAMAX 50 MG TABLET MCN	WILCOX,MICHAEL	09/25/2006	MK	60	217.45	217.45				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008128301801	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
890892	00037069210	TUSSI-12D TABLET MED	WIMBERLY,CW	09/26/2006	MK	20	42.71	42.71				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008131145901	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
892066	00049399060	GEODON 80 MG CAPSULE ROE	WILCOX,MICHAEL	09/29/2006	MR	60	325.63	325.63				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008143307301	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
892905	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX,MICHAEL	10/02/2006	RS	90	393.00	393.00				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008152950401	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
871738	2 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX,MICHAEL	10/07/2006	MR	60	260.55	260.55				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008171007201	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
897702	00591560001	TRAZODONE 50 MG TABLET WAT	WILCOX,MICHAEL	10/16/2006	MR	30	5.27	5.27				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008195397501	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
897703	00045064065	TOPAMAX 50 MG TABLET MCN	WILCOX,MICHAEL	10/16/2006	MR	90	346.25	346.25				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008195726901	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
890564	1 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX,MICHAEL	10/25/2006	MK	90	12.96	12.96				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008225450401	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				
892066	1 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX,MICHAEL	10/30/2006	JB	60	325.63	325.63				.00
	1st PYR #:	110	2nd PYR #:	3rd PYR #:				4th PYR #:				
	TP1 AUTH #:	00008241221701	TP2 AUTH #:	TP3 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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PHARMACY NAME: CVS/REVO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 216 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
904440	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX,MICHAEL	11/03/2006 JB		60	263.35	263.35				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008258291201	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
905878	00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX,MICHAEL	11/07/2006 RS		60	260.55	260.55				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008271564701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
907898	00045064165	TOPAMAX 100 MG TABLET MCN	WILCOX,MICHAEL	11/13/2006 MR		60	315.58	315.58				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008287535401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
907901	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX,MICHAEL	11/13/2006 MK		90	393.00	393.00				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008288880701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
892066	2 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX,MICHAEL	11/24/2006 MR		60	325.63	325.63				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008323110201	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
890564	2 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX,MICHAEL	11/24/2006 MR		90	12.96	12.96				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008323109401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
905878	1 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX,MICHAEL	12/08/2006 RS		60	260.55	260.55				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008371525501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
919716	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX,MICHAEL	12/13/2006 MR		90	393.00	393.00				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008390103501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
919715	00045064165	TOPAMAX 100 MG TABLET MCN	WILCOX,MICHAEL	12/13/2006 MR		60	315.58	315.58				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008390098701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
919717	00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX,MICHAEL	12/24/2006 ER		90	12.96	12.96				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008422964001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
919718	00049399060	GEODON 80 MG CAPSULE ROE	WILCOX,MICHAEL	12/24/2006 ER		60	325.63	325.63				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008422963901	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
905878	2 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX,MICHAEL	01/10/2007 ER		60	260.55	260.55				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008475070701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
929824	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX,MICHAEL	01/11/2007 RS		90	443.18	443.18				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008481292001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
929823	00045064165	TOPAMAX 100 MG TABLET MCN	WILCOX,MICHAEL	01/11/2007 RS		90	471.35	471.35				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008481280701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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 DATE: 09/08/2008 TIME: 14:27:58

PHARMACY NAME: CVS/REVCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 218 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
919717	1 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	01/22/2007	SH	90	12.96	12.96				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008511062001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
919718	1 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	01/22/2007	SH	60	355.87	355.87				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008511062501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
939619	00037069210	TUSSE-12D TABLET MED	WIMBERLY, CHRISTOPHER W	02/06/2007	MK	40	81.36	81.36				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008567111401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
941156	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	02/09/2007	MK	90	443.18	443.18				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008579792001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
941154	00093104201	FLUOXETINE HCL 10 MG CAPSULETEV	WILCOX, MICHAEL	02/09/2007	MK	30	7.06	7.06				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008579783901	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
941155	00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	02/09/2007	MK	60	260.55	260.55				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008579789701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
942531	63395010105	FLOXIN 0.3% EAR DROPS DAI	EVANS, SCOTT	02/13/2007	MK	5	62.55	62.55				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008591616601	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
919718	2 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	02/19/2007	RS	60	355.87	355.87				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008608116801	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
919717	2 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	02/19/2007	RS	90	12.96	12.96				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008608115401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
941155	1 00002322930	STRATTERA 40 MG CAPSULE LIL	WILCOX, MICHAEL	03/09/2007	JB	60	260.55	260.55				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008675440801	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
952159	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	03/09/2007	MK	90	443.18	443.18				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008675576301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
952160	00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	03/14/2007	SH	60	355.87	355.87				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008689718501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
952163	00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	03/14/2007	SH	90	12.96	12.96				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008689718701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
109167	00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	04/04/2007	MK	90	443.18	443.18				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00008767737501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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PHARMACY NAME: CVS/RESCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 34268001 TELEPHONE: 843-330-7045
 PATIENT NAME: PATRICK HUGHSTON BIRTHDATE: 03/30/1996
 ADDRESS: 218 SWANSON DR. SEX: M
 CITY, ST, ZIP: SUMMERVILLE SC 294830000 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
111272	00002325030	STRATTERA 80 MG CAPSULE LIL	WILCOX, MICHAEL	04/10/2007	JB	30	142.43	142.43				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008786385001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
952163	1 00049399060	GEODON 80 MG CAPSULE ROE	WILCOX, MICHAEL	04/22/2007	MR	60	355.87	355.87				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008819392301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
952163	1 00378018601	CLONIDINE HCL 0.2 MG TABLETMYL	WILCOX, MICHAEL	04/22/2007	MR	90	12.95	12.96				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008819391001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
109167	1 00078045705	TRILEPTAL 600 MG TABLET NOV	WILCOX, MICHAEL	05/08/2007	MK	90	443.18	443.18				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008876008501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
111272	1 00002325030	STRATTERA 80 MG CAPSULE LIL	WILCOX, MICHAEL	05/08/2007	MK	30	142.43	142.43				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008876008801	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
125738	00002325130	STRATTERA 100 MG CAPSULE LIL	JENKINS, JAMES	05/19/2007	RS	3	20.79					20.79
1st PYR #:		2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:		TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
125738	1 00002325130	STRATTERA 100 MG CAPSULE LIL	JENKINS, JAMES	05/21/2007	RS	27	128.59	128.59				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008911740201	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
127237	00049397060	GEODON 40 MG CAPSULE ROE	JENKINS, JAMES	05/23/2007	MK	150	779.24	779.24				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008921600901	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
130853	00173064255	LAMICTAL 100 MG TABLET GSK	JENKINS, JAMES	06/04/2007	MR	30	127.53	127.53				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008954950601	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
130852	00002322930	STRATTERA 40 MG CAPSULE LIL	JENKINS, JAMES	06/04/2007	MK	30	132.30	132.30				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00008957232201	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
130851	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS, JAMES	06/05/2007	MK	30	148.99					148.99
1st PYR #:		2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:		TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
137619	00078045705	TRILEPTAL 600 MG TABLET NOV	WIMBERLY, C.W.	06/25/2007	MK	90	443.18	443.18				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00009014151301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
137620	00049397060	GEODON 40 MG CAPSULE ROE	WIMBERLY, C.W.	06/25/2007	MK	60	314.13	314.13				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00009014156101	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
137621	00173064255	LAMICTAL 100 MG TABLET GSK	WIMBERLY, C.W.	06/27/2007	ER	30	127.53	127.53				.00
1st PYR #:	110	2nd PYR #:		3rd PYR #:				4th PYR #:				
TP1 AUTH #:	00009018918501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
 01/01/2005 THRU 09/08/2008

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 DATE: 09/08/2008 TIME: 14:27:58

PHARMACY NAME: CVS/REVO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: C4268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 218 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294630000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
138853	00002323930	STRATTERA 60 MG CAPSULE LIL	WIMBERLY,C.W.	06/28/2007 MK		30	138.72	138.72				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009025420601		TP2 AUTH #:								
138854	00002322930	STRATTERA 40 MG CAPSULE LIL	WIMBERLY,C.W.	06/28/2007 MK		30	138.72	138.72				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009025417701		TP2 AUTH #:								
137620	1 00049397960	GEODON 40 MG CAPSULE ROE	WIMBERLY,C.W.	07/23/2007 RS		60	314.13	314.13				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009095920501		TP2 AUTH #:								
138853	1 00002323930	STRATTERA 60 MG CAPSULE LIL	WIMBERLY,C.W.	07/23/2007 RS		30	138.72	138.72				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009095921901		TP2 AUTH #:								
137619	1 00078045705	TRILEPTAL 600 MG TABLET NOV	WIMBERLY,C.W.	07/23/2007 RS		90	443.18	443.18				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009095919601		TP2 AUTH #:								
138854	1 00002322930	STRATTERA 40 MG CAPSULE LIL	WIMBERLY,C.W.	07/23/2007 RS		30	138.72	138.72				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009095921101		TP2 AUTH #:								
137621	1 00173064255	LAMICTAL 100 MG TABLET GSK	WIMBERLY,C.W.	07/23/2007 RS		30	127.53	127.53				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009095919901		TP2 AUTH #:								
151561	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	08/10/2007 JB		30	119.25	119.25				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009150179501		TP2 AUTH #:								
151789	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	08/14/2007 MK		60	273.38	273.38				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009160166401		TP2 AUTH #:								
154567	00173064255	LAMICTAL 100 MG TABLET GSK	JENKINS,JAMES E	08/20/2007 RS		30	136.71	136.71				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009179424801		TP2 AUTH #:								
156986	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	08/28/2007 JB		30	109.23	109.23				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009201968701		TP2 AUTH #:								
156988	00078045705	TRILEPTAL 600 MG TABLET NOV	JENKINS,JAMES E	08/28/2007 JB		90	443.18	443.18				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009201975901		TP2 AUTH #:								
156985	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	08/30/2007 MK		30	115.64	115.64				.00
	1st PYR #:	16935		2nd PYR #:								
	TP1 AUTH #:	0004680540		TP2 AUTH #:								
154567	1 00173064255	LAMICTAL 100 MG TABLET GSK	JENKINS,JAMES E	09/19/2007 MR		30	136.71	136.71				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009276435601		TP2 AUTH #:								

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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PHARMACY NAME: CVS/REVC0 #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294630000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 218 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
151789	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	09/19/2007	RS	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009273495701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
156986	1 00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	09/20/2007	TT	30	109.23	109.23				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009276799001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
166098	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	09/26/2007	RS	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009295994001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
173076	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	10/18/2007	MK	60	214.41	214.41				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009370263301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
173077	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	10/18/2007	MK	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009370266701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
173078	68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS,JAMES E	10/18/2007	MK	90	392.68	392.68				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009370270501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
173079	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	10/19/2007	TT	30	115.20	115.20				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009372639301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181295	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	11/13/2007	MK	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009456581001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181293	68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS,JAMES E	11/13/2007	MK	90	392.68	392.68				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009456574701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181294	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	11/13/2007	MK	60	214.41	214.41				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009456577601	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181296	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	11/13/2007	MK	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009456584001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181295	2 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES E	12/11/2007	MR	56	255.43	255.43				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009546797101	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
189968	59417010310	VYVANSE 30 MG CAPSULE LOT	JENKINS,JAMES E	12/11/2007	MR	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009546951001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
181294	2 00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES E	12/11/2007	MK	56	200.38	200.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009557473401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
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PHARMACY NAME: CVS/REXCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 218 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
181293	2 68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS, JAMES E	12/11/2007	MK	84	366.77	366.77				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009570634601	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
198622	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS, JAMES	01/08/2008	RS	90	319.59	319.59				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009638664101	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
199568	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS, JAMES	01/10/2008	TT	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009644409101	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
198590	59417010510	VYVANSE 50 MG CAPSULE LOT	JENKINS, JAMES	01/10/2008	MK	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009642556801	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
199567	68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS, JAMES	01/10/2008	JB	90	392.68	392.68				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009652769201	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
199568	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS, JAMES	02/08/2008	MK	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009742572801	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
198622	1 00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS, JAMES	02/08/2008	MK	90	347.35	347.35				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009742572001	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
199567	1 68462013901	OXCARBAZEPINE 600 MG TABLETGLN	JENKINS, JAMES	02/08/2008	MK	90	392.68	392.68				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009742572301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
208778	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS, JAMES	02/12/2008	RS	30	119.25	119.25				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009758450501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
217155	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS, JAMES	03/04/2008	RS	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009830940301	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
217153	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS, JAMES	03/04/2008	RS	120	461.79	461.79				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009831599401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
217151	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS, JAMES	03/06/2008	TT	30	115.20	115.20				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009837272701	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
156988	1 00078045705	TRILEPTAL 600 MG TABLET NOV	JENKINS, JAMES E	03/21/2008	JB	90	487.09	487.09				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009888631401	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
217155	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS, JAMES	04/08/2008	JB	60	273.38	273.38				.00
	1st PYR #: 110	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: 00009944321501	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				

CVS PHARMACY #4204
 PATIENT PRESCRIPTION RECORD
 01/01/2005 THRU 09/08/2008

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PHARMACY NAME: CVS/REVCO #4204
 ADDRESS: 301 N MAIN ST
 CITY, ST ZIP: SUMMERVILLE SC 294630000

PATIENT KEY: 04268001
 PATIENT NAME: PATRICK HUGHSTON
 ADDRESS: 218 SWANSON DR.
 CITY, ST, ZIP: SUMMERVILLE SC 294630000

TELEPHONE: 843-330-7045
 BIRTHDATE: 03/30/1996
 SEX: M
 RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
239523	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	04/14/2008	RS	30	119.25	119.25				.00
	1st PYR #:	110		2nd PYR #:								
	TP1 AUTH #:	00009963559201		TP2 AUTH #:								
238476	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	05/15/2008	RR	30	118.42	118.42				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A8085363597071		TP2 AUTH #:								
238474	00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES	05/15/2008	RR	90	326.23	326.23				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A7085365310651		TP2 AUTH #:								
238475	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	05/17/2008	MK	5	24.48	24.48				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A6085411814401		TP2 AUTH #:								
238475	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	05/21/2008	MG	60	271.70	271.70				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A3085428658501		TP2 AUTH #:								
238474	1 00310027810	SEROQUEL 50 MG TABLET ZEN	JENKINS,JAMES	06/16/2008	QH	90	326.23	326.23				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A9085681954771		TP2 AUTH #:								
238475	2 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	06/16/2008	MK	55	249.23	249.23				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A8085685276031		TP2 AUTH #:								
247005	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	06/16/2008	MK	30	118.42	118.42				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A2085683910601		TP2 AUTH #:								
254203	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	07/14/2008	JB	60	271.70	271.70				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A1085960743061		TP2 AUTH #:								
254202	00310027110	SEROQUEL 100 MG TABLET ZEN	JENKINS,JAMES	07/14/2008	JB	60	232.24	232.24				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A4085962340941		TP2 AUTH #:								
254205	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	07/14/2008	JB	30	118.42	118.42				.00
	1st PYR #:	25940		2nd PYR #:								
	TP1 AUTH #:	A5085963955401		TP2 AUTH #:								
261339	00310027110	SEROQUEL 100 MG TABLET ZEN	JENKINS,JAMES	08/11/2008	MK	60	232.49	232.49				.00
	1st PYR #:	17010		2nd PYR #:								
	TP1 AUTH #:	A6086244004361		TP2 AUTH #:								
261338	59417010710	VYVANSE 70 MG CAPSULE LOT	JENKINS,JAMES	08/11/2008	MK	30	118.67	118.67				.00
	1st PYR #:	17010		2nd PYR #:								
	TP1 AUTH #:	A5086247142081		TP2 AUTH #:								
261340	00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS,JAMES	08/11/2008	MK	10	47.20	47.20				.00
	1st PYR #:	17010		2nd PYR #:								
	TP1 AUTH #:	A5086242374321		TP2 AUTH #:								

CVS PHARMACY #4204
PATIENT PRESCRIPTION RECORD
01/01/2005 THRU 09/08/2008

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DATE: 09/08/2008 TIME: 14:27:58

PHARMACY NAME: CVS/REVO #4204
ADDRESS: 301 N MAIN ST
CITY, ST, ZIP: SUMMERVILLE SC 294830000

PATIENT KEY: 04268001
PATIENT NAME: PATRICK HUGHSTON
ADDRESS: 218 SWANSON DR.
CITY, ST, ZIP: SUMMERVILLE SC 294830000

TELEPHONE: 843-330-7045
BIRTHDATE: 03/30/1996
SEX: M
RELATIONSHIP: H

RX NUMBER	NDC RFL NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	TP #1 PD AMT	TP #2 PD AMT	TP #3 PD AMT	TP #4 PD AMT	PATIENT PD AMT
261340	1 00002323930	STRATTERA 60 MG CAPSULE LIL	JENKINS, JAMES	08/26/2008	JB	60	271.95	271.95				.00
	1st PYR #: 17010	2nd PYR #:		3rd PYR #:				4th PYR #:				
	TP1 AUTH #: A2086391852351	TP2 AUTH #:		TP3 AUTH #:				TP4 AUTH #:				
111 TOTAL AMOUNTS:							25832.31	25662.53	.00	.00	.00	169.78



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

September 22, 2008

Emma Forkner
Director

Ms. Georgia Hughston
Post Office Box 581
Summerville, South Carolina 29484

Dear Ms. Hughston:


We are in receipt of your September 8, 2008 email to Ms. Emma Forkner, Agency Director, regarding denial of your son's medication by First Choice by Select Health and your request to enroll your son in a different health plan. We apologize for the problems you have experienced and welcome the opportunity to be of assistance.

I understand you have spoken with two members of the Managed Care Department staff as well as given us medical documentation regarding your son's condition. Based on the information you have provided to us, we have discussed his case in detail with our internal experts as well as with First Choice by Select Health and Carolina Crescent Health Plan, Inc. First Choice by Select Health has agreed to cover the necessary medications for your child, as has the plan your son will be switching to on October 1, 2008, Carolina Crescent Health Plan, Inc.

The information regarding your son's case will be forwarded to Jennifer Marchant, Executive Director for Carolina Crescent Health Plan, Inc. for follow up with your doctor to ensure that your son continues to receive the medications he needs.

Thank you for bringing this to our attention. If you have any questions about this letter or need further assistance, please contact Ms. Jennifer Campbell, Managed Care Department Manager, at (803) 898-2593.

Sincerely,


Felicity Myers
Deputy Director

FM/hhc