

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>10/1/11</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100334</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC Singleton, Stenland</i> <i>Cleared 2/11/11 letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>2-15-11</i> <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.			
2.			
3.			
4.			

Pls Log FOIA

From: Jeff Stensland
To: Polatty, Jan
Date: 2/1/2011 11:09 AM
Subject: Fwd: Marion Neese SSN 251-28-5469
Attachments: Marion Neese SSN 251-28-5469

Can you file this as an Folia? Brenda says we never got it.

Jeff Stensland
SC DHHS
(803) 898-2584

RECEIVED

FEB 01 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: "Karen Kammer" <karen@mttlaw.com>
To: <stensland@scdhhs.gov>
Date: 2/1/2011 11:03 AM
Subject: Marion Neese SSN 251-28-5469
Attachments: 4427.PDF

Mr. Stensland - On December 16, 2010, our office faxed the attached Request for Medicaid Payment Itemization to your office. I left a voicemail a few weeks ago for you and you did return my call. You told me that you would check the status of this Itemization and get back with me. We have not heard back from you or your office. It would be appreciated if you could provide us with the status of this Itemization as soon as possible. Your help is greatly appreciated. Karen.

Karen B. Kammer

Legal Assistant to Stanley L. Myers

Moore, Taylor & Thomas, P.A.

1700 Sunset Boulevard

Post Office Box 5709

West Columbia, South Carolina 29171

(803) 796-9160 - office

(803) 454-1866 - direct

(803) 791-8410 - fax

Request for Medicaid Payment Itemization

TODAY'S DATE: 12/11/12

Client's Name: Debbie Neese Medicaid ID or SSN: 251-28-5461

Parent's Name(s) if minor:

Date of Accident: 7/15/12 Is client deceased? Yes ☒ No ☐ If Yes, Date Deceased: _____

Estate Probated? Yes ☒ No ☐ If Yes, Date Probated: _____ County: _____

Plaintiff's Attorney of Record:

Stanley L. Myers

Name of Law Firm:

Myers Taylor & Myers

Mailing Address:

P.O. Box 57129 West Columbia, SC 29171

Telephone:

803-796-9100 Fax: 803-798-4110 Contact Person: Leah Bannier

How was the client injured? Exposed to Ammonia fumes

Briefly describe the client's injuries: Burns in chest, weakness

Last date treated: December 7/13/12 Still treating? Yes ☒ No ☐

Does your firm represent anyone else who was involved in this accident? If so, please provide name(s) and SSN(s). NO

Insurance Information:

(1) Liability Carrier

Ins. Co. Name:

Address:

Insured:

Claim#:

Adjuster:

Phone#:

Policy limits:

(2) Other (specify) UM DM Other

Ins. Co. Name:

Address:

Insured:

Claim#:

Adjuster:

Phone#:

Policy limits:

Has suit been filed? Yes ☒ No ☐

Please provide the name and address of the defense attorney(s):

N/A

Has this case settled? Yes ☒ No ☐

More to come? Yes ☒ No ☐

25 DDD.DD

Yes ☒ No ☐ Disbursed? Yes ☒ No ☐ Date: _____

Upon completion, please fax to (803) 898-4505

Or mail to:

Department of Health & Human Services
Program Recovery & Revenue - Casualty Department
Post Office Box 100127, Columbia, SC 29202-3127

(OVER)

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$_____
Pages copied at \$.10 per page	_____ Pages	\$_____
Pages faxed at \$.20 per page	_____ Pages	\$_____
Shipping and Handling Costs		\$_____
Other costs associated with the FOIA request:		\$_____
Total Amount Due SCDHHS:		\$_____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs

South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____



Doc #0000334

February 11, 2011

Karen B. Kaminer
Legal Assistant
Moore, Taylor & Thomas, P.A.
Post Office Box 5709
West Columbia, South Carolina 29171

VIA FACSIMILE AND REGULAR MAIL

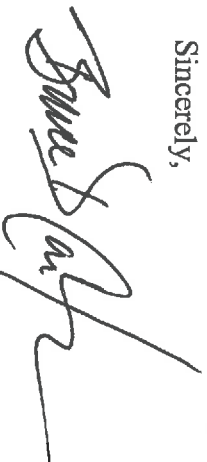
RE: Marion Neese
SSN: 251-28-5469
Date of Accident: July 15, 2009

Dear Ms. Kaminer:

This will confirm our conversation of this date regarding Mr. Neese. As we discussed, Mr. Neese is not a Medicaid beneficiary. It appears that he may have Medicare coverage.

If you have any questions or I can be of further assistance, please contact me directly at (803) 898-2793 or by e-mail at carterbd@scdhhhs.gov.

Sincerely,



Bruce D. Carter
Assistant General Counsel