

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>6-5-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000632</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cc: Jacobs</i> <i>Cleared 6/16/08, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-16-08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

RECEIVED

Joe E. Lyons, Jr

JUN 05 2008

5722 Nelson, St.,

Apartment 5001,

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Charleston, SC 29418

Dear Sir or Madam;

I am a Veteran from World War Two, Korea and Vietnam, I was married and my wife cheated on me with another man and they together conspired and took my home I had been paying for ten years and left me with a little carry on bag and the clothes on my back.

In the past three years I've had three operations and I still have one to go and I am waiting to gain my strength back to get the other operation on my shoulder.

I would like to get the other operation on my shoulder but I have to wait until I get enough money for it, however I cannot work yet.

I still owe \$5,000.00 all total on Hospital, Doctors, Medications and Rent. I do hope you can help me or know someone that can help me.

May I please hear from you on receipt of this letter.

My sincere thanks for your undivided attention.

Sincerely Yours,



Joe E. Lyons, Jr



May 1632

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

June 16, 2008

Mr. Joe E. Lyons, Jr.
5722 Nelson Street
Apartment 5001
North Charleston, South Carolina 29418

Dear Mr. Lyons:

Thank you for writing our agency to express your concerns over paying your outstanding medical bills.

The Department of Health and Human Services administers Medicaid, a health insurance program for low-income and needy individuals. Medicaid eligibility is based on federal and state regulations in which an individual must meet both financial and categorical requirements.

Unfortunately, your monthly income exceeds the allowable limits for you to be eligible under any Medicaid coverage group at this time. Fortunately, you receive healthcare coverage from Medicare and Tricare, based on your prior military service, and one of these programs may be able to assist with your unpaid medical bills.

We have enclosed information on charitable programs and organizations that can assist residents of Charleston County. You may also want to contact the Charleston County Council on Aging at 843-554-2283. We hope this information proves helpful and if you have further questions about Medicaid, please call Ms. Denise Epps at 1-888-549-0820 extension 2505.

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs
Acting Deputy Director

AJ/cole
Enclosures

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235