


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>11/29/06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000377</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>12/7/06</i>	
2. DATE SIGNED BY DIRECTOR <i>Cleaved on 11/16/09, letter attached</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

NOV 29 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

House of Representatives
State of South Carolina

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Property Tax
Ways and Means Public Education and
Special Schools Sub-committee, Chairman
School Bus Privatization Committee
School Bus Specification Committee

November 27, 2006

519-B Blatt Building
Columbia, SC 29211
Tel. (803) 734-3114

Mr. Robert Kerr, Director
SC Department of Health & Human Services
POB 8206
Columbia, SC 29202-8206

Re: Nikole M. Boswell, POB R, Bath, SC 29816-0996

Dear Mr. Kerr:

This correspondence is in reference to Ms. Nikole M. Boswell. Her mother, Patty Boswell, contacted me concerning her daughter who is on Medicaid and will be for the remainder of her life. Nikole is an adult with severe health problems.

I have enclosed copies of four bills. To date, one has been paid, but the remaining three have not. Nikole was with her parents when she became ill and had to be transported to the emergency room for treatment.

The three billing statements are from Lewis & Clark Emergency Physicians of 9301 Southwestern Avenue, Oklahoma City, Oklahoma 73139-2728, Mt. Interventional Radiology Specialists of 2525 Colonial Drive, POB 4819, Helena, Montana 59604-4819, and Lewis & Clark ER Physicians, PC, 3075 East Imperial Highway, Suite 200, Brea, California 92821, all for treatment of Nikole M. Boswell while on a trip with her family.

I respectfully request that your agency investigate these bills immediately. Mr. and Mrs. Boswell would certainly like for these bills to be paid in a timely manner.

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November 27, 2006

Should you need to discuss this matter, please call Mrs. Patty Boswell at 803-593-3636, which is an unlisted number, and I ask that you guard her privacy in regards to this number. I will be glad to speak with you if necessary, and I look forward to hearing from you soon.

Sincerely,



J. Roland Smith

JRS/vhr/2006nov27-1

Enclosure

cc: Ms. Patty Boswell, POB R, Bath, SC 29816-0996

LEWIS AND CLARK EMERGENCY PHYS
9301 S WESTERN AVE
OKLAHOMA CITY OK 73139-2728

Patient Name: NIKOLE M BOSWELL

Billing Phone Number: (866) 321-8433
Office Hours: Mon - Fri 7:00am to 4:00pm CST

FORWARDING SERVICE REQUESTED

NIKOLE M BOSWELL
PO BOX R
BATH SC 29816-0996

MAKE CHECKS PAYABLE TO
LEWIS AND CLARK EMERGENCY PHYS
PO BOX 5270
NORMAN, OK 73070-5270

Charges that you apply to your credit card will appear as Comprehensive Medical Billing Solutions on your statement.

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

DATE	PATIENT	CPT CODE	SERVICE DESCRIPTION	AMOUNT
07/02/06	NIKOLE	99285	LEVEL V EVALUATION & MAN	450.00
07/02/06	NIKOLE	71020/26	RAD EX CHEST 2 VIEWS FRN	35.00
07/02/06	NIKOLE	99053	SVCS PROV 10 P AND 8 A 2	15.00
08/14/06	NIKOLE	799	EARLY OUT ACCOUNT	-500.00
09/12/06	NIKOLE	799	EARLY OUT ACCOUNT	500.00
10/11/06	NIKOLE		MEDICAID ACS DENIED DOS 209.	

Patient: NIKOLE M BOSWELL
Supervising Physician: KUNTZWELLER, DOUGLAS L M.D.
Services rendered at: ST PETERS COMMUNITY HOSPITAL
MEDICAID ACS BILLED ON 09/21/06

Claim 1 Total: 500.00

TOTAL AMOUNT DUE: \$500.00

*Deny
Public Insurance
11/14/06
11/15/06*

COMMENTS

Your insurance has denied payment on the above services. The balance due is your responsibility. If you have questions, please contact your insurance company.

For Billing Questions: *Billing office*
LEWIS AND CLARK EMERGENCY PHYS
PO BOX 5270
NORMAN, OK 73070-5270
(866) 321-8433

Account Number: C45 30788810
Primary Insurance: MEDICAID ACS
Service Location: ST PETERS COMMUNITY HOS
Referring Physician: KUNTZWELLER, DOUGLAS L.

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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

January 16, 2007

The Honorable J. Roland Smith
South Carolina House of Representatives
183 Edgar Street
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for your inquiry regarding unpaid bills for one of your constituents, Ms. Nikole M. Boswell. We appreciate the opportunity to be of assistance in this matter.

South Carolina Medicaid will reimburse out-of-state providers for emergency services rendered on behalf of South Carolina Medicaid beneficiaries. An out-of-state provider must be willing to obtain a South Carolina provider number, file a claim, and agree to accept the amount of South Carolina Medicaid reimbursement as payment in full. Program staff contacted the out-of-state providers regarding the outstanding claims and advised them of the process to have the claims paid by the South Carolina Medicaid program. We have also contacted Ms. Boswell regarding the actions taken on her behalf.

Thank you for taking the time to contact us and for your continued support of the South Carolina Medicaid program. If you have any questions or if we can be of further assistance, you may contact me directly or Susan Bowling, Deputy Director of Medical Services at (803) 898-2501.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. Kerr", is written over the typed name.

Robert M. Kerr
Director

RMK/bgwd

#377