

**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 _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved on 11/16/09, letter attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12/7/06</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

House of Representatives

State of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

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

November 27, 2006

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

Re: Nikole M. Boswell, POB R, Bath, SC 299816-0996

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.

Page Two
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,

A handwritten signature in cursive script that reads "J. Roland Smith". The signature is written in dark ink and is positioned to the right of the typed name.

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

NW

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

CARD NUMBER		CVV CODE		EXP. DATE	
FULL NAME (Please Print)					
SIGNATURE					
STATEMENT DATE	AMOUNT DUE	ACCOUNT NUMBER			
11/08/06	\$500.00	C45 30788810			
PAYMENT DUE BY	SNOW AMOUNT PAID HERE				
11/29/06	\$				

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

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

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

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 -
 check for correct
 11/14/06
 11/19/06*

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.

MEM

LEWIS & CLARK ER PHYSICIANS, PC

3075 E IMPERIAL HWY, STE 200
BREA, CA 92821

Phone: 1-800-404-6627
T755 109594-1

*W. Clark
M. Boswell*

1223
ADDRESS SERVICE REQUESTED
#BWNFDQV
#6161095941J2#
NIKOLE M BOSWELL
BOSWELL, NIKOLE M
PO BOX R
BATH SSC 29816

*Dispute #11
Rude People!!
866-821-8433*

Statement Date:	AUGUST 22, 2006
Account Number:	03078881001
Patient:	BOSWELL, NIKOLE M
Service Date:	07/02/06
Principal Balance:	\$ 500.00
Interest:	\$.00
Additional Charges:	\$.00
Amount Due:	\$ 500.00
Amount Paid:	\$

1-800-404-6627

Service Location: ST. PETER'S HOSPITAL
Service Description: ER Physician Services

Please remit the above indicated balance in full, or contact our office for additional payment options.

Please include the bottom portion of this statement with your payment in the enclosed return envelope. To pay with credit card, please complete and return the below credit card authorization.

If you have any questions regarding this notice or if your records indicate a different balance, please contact us at 1.800.404.6627. We are available to assist you 8:00AM to 4:30PM Monday through Friday.

Sincerely,
Business Office
1-800-404-6627

July 2, 06

IF PAYMENT HAS BEEN MADE, OR THE ABOVE INDICATED BALANCE IS NOT CORRECT, PLEASE CONTACT US AT 1.800.404.6627. THANK YOU FOR YOUR ASSISTANCE.

*called 8/25/06
8:43pm this time*

*11-14-06 never saw
called in's bills
phone added Norman's
office address Norman
from address Norman*

*please retain this portion for your records
complete and return this portion with your remittance*

LEWIS & CLARK ER PHYSICIANS PC

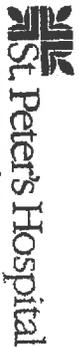
Statement Date:	AUGUST 22, 2006
Account Number:	03078881001
Responsible Party:	NIKOLE M BOSWELL
Patient:	BOSWELL, NIKOLE M
Service Date:	07/02/06
Principal Balance:	\$ 500.00
Interest:	\$.00
Additional Charges:	\$.00
Amount Due:	\$ 500.00
Amount Paid:	\$

Service Location: ST. PETER'S HOSPITAL
Credit Card Authorization

Choose 1 Credit Card Option:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
Card Number:	
Expiration Date:	
Amount Paid:	\$
Card Holder's Name:	
Authorized Signature:	

Please check box if insurance information has changed, and indicate change(s) on back

Remit To:
LEWIS & CLARK ER PHYSICIANS, PC 1223
PO BOX 5270
NORMAN, OK 73070-5270



2475 Broadway
PO BOX 6228
Helena MT 59601

ADDRESS SERVICE REQUESTED

Page 1

Printed Name as it appears on card

<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> DISC	<input type="checkbox"/> AMEX	<input type="checkbox"/> OTHER	CARD NUMBER	AMOUNT
SIGNATURE						EXP DATE
STATEMENT DATE			PAY THIS AMOUNT		ACCT #	
07/19/06			1092.51		V00030788810	
CHECK #				AMOUNT PAID \$		

NIKOLE M BOSWELL

St Peters Hospital PBS
PO Box 6228
Helena, MT 59604-6228

11000720

NIKOLE M BOSWELL
PO Box R
Bath, SC 29816-0996

PLEASE CHECK BOX IF ADDRESS OR OTHER INFORMATION HAS CHANGED, AND INDICATE CHANGE(S) ON REVERSE SIDE

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Patient Name
NIKOLE M BOSWELL

HOSPITAL CHARGES

Account Number
V00030788810

First Date of Service	Description	Units	Last Payment	Current Balance
07/02/06	272 M/S SUPPLY STERILE SUPPLY			5.80
	301 LABORATORY CHEMISTRY			42.71
	305 LAB HEMATOLOGY			39.77
	307 LAB UROLOGY			29.15
	324 RADIOLOGY DIAG CHEST XRAY			95.40
	351 CAT SCAN HEAD			775.00
	450 EMERGENCY ROOM GENERAL			104.68

Insurance Pending to Date:
Payments to Date:

0.00
0.00

*10-16-06
Cleared
Spoke with
Janice 11-14-06
12:00pm*

Our records indicate no insurance coverage for this visit.
If you do have insurance please contact CHRYSL at
(406)444-2187. All self pay balances are payable in
full within 30 days. Thank you.

An itemized statement is available upon request
This bill represents hospital charges only, you may receive additional bills related to your visit.

Payer	CERT-SSN-HIC-ID NO.
Total Charge	1092.51
Amount Paid	0.00
Balance Due	1092.51



State of South Carolina
Department of Health and Human Services

#377
✓

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 cursive script, appearing to read "R. M. Kerr".

Robert M. Kerr
Director

RMK/bgwd