

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

**ACTION REFERRAL**

TO <i>Bowling</i>	DATE  <i>7-6-06</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>000027</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleand 7/14/06, et al</i> <i>attached - A</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-17-06</i> DATE DUE _____ <input type="checkbox"/> Necessary Action

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



Orlando A. Rick Ricalde, M.D.  
 Board Certified Neurologist  
 Jerry Sherrill, Jr., M.D.  
 Board Certified Neurologist

103 Omni Dr., Suite B • Seneca, SC 29672  
 (864) 885-9866 • (864) 888-8307

EMG Evoked Potentials  
 EEG Sleep Studies

**RECEIVED**

JUL 03 2006

Department of Health & Human Services  
 OFFICE OF THE DIRECTOR

May 17, 2006  
 Chart: 15649  
 DOB: 12-29-65

RE: MCBRIDE, Stephanie

Dear Sirs:

Please extend the patient's Medicaid visits. This is necessary as she is diagnosed with epilepsy. Your help in this matter would be greatly appreciated.

Respectfully yours,

JERRY F. SHERRILL JR, MD/mb

cc: Stephanie McBride  
 Chart



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

July 14, 2006

Jerry F. Sherrill, Jr., MD  
Lake Ridge Neurological, PA  
103 Omni Drive, Suite B  
Seneca, South Carolina 29672

Re: Stephanie McBride

Dear Dr. Sherrill:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support additional physician office visits when medically necessary. In order to request that the agency support these additional visits, however, your letter must include the diagnoses and specifics of the medical necessity for the additional visits. Please correspond with me subsequently so that I may move this request forward.

I apologize for this additional inconvenience. If you would like to discuss this further, please call me at 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

Handwritten signature of Marion Burton in cursive.

O. Marion Burton, MD  
Medical Director

OMB/bk