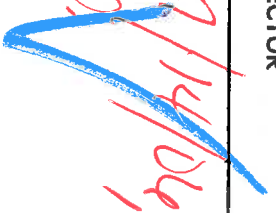


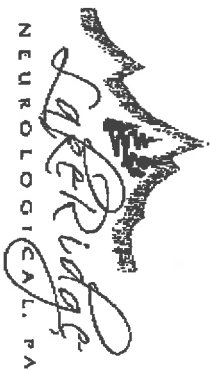
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>7-6-06</i>

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

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



Orlando A. Rick Blacale, 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/tlb

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,

A handwritten signature in cursive script, appearing to read "O. Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bk