

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

ACTION REFERRAL

TO <i>Singletary</i>	DATE <i>9-5-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000227</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Wells, Booshing</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<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.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

AUG 31 2006

RECEIVED

SEP 05 2006

Director
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Director:

RE: Forrest Monroe Suggs
8245 East Heatherbrae Avenue
Scottsdale, AZ 85251
Sanction Authority: 112(b)(4)
OI File Number: L-06-40165-9

Registered Nurse
DOB: 07/30/1950
SSN: 526-90-4183
Medicare Provider #: None
Medicaid Provider #: None
UPIN: None
Licenses: AZ - #RNO73691,
SC - #94688

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX program as of the effective date of this action.

Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the Special Agent in Charge, Los Angeles Regional Office, if you receive any such claim.

Sincerely,

John M. Francis
Maureen R. Byer
Director
Exclusions Staff
Office of Investigations

Joy Singleton
"Re. Action"
cc: Wells
Bowling



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

SEP 19 2006

CORRECTION

RECEIVED

SEP 20 2006

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Sincerely,

Maureen R. Byer
Maureen R. Byer
Director
Exclusions Staff
Office of Investigations

Provider ↑
Did we already
log to Provider?
If so, please let
log, copy & forward!

Ref Log #227