

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Melks/FOIA	4-24-07

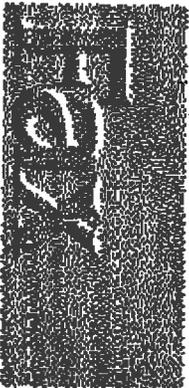
DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000673	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	cc: Singleton, Stansland Cleared 4/27/07, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <u>5-8-07</u> <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

APR 23 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR



Date: 4/23/07

To: SC Department of Health and Human Services
Jeff Stensland
Phone: 803-898-4515
Fax: 803-898-2500

803-244-8235

From: Marcus & Millichap
Mike Pardoll
Phone: 704-443-0600
Fax: 704-443-0601

Pages:

Subject: Freedom of Information Request

Under the Freedom of Information, I would like to request a copy of the most recent Medicaid Cost Report (9/06) for the following facility:

Orangeburg Nursing Home - 755 Whitman Street SE, Orangeburg, SC

Please send to: Mike Pardoll
Marcus & Millichap
405 Eagle Bend Drive
Waxhaw, NC 28173
pardoll@carolina.rr.com

Thank you for your assistance



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO:
FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Reg 0613

Mark Sanford
Governor

Robert M. Kerr
Director

April 27, 2007

Mike Pardoll
Marcus & Millichap
405 Eagle Bend Driveover
Waxhaw, NC 28173

Dear Mr. Pardoll:

In response to your recent Freedom of Information Act request, enclosed you will find the billing for processing the information you requested from our office.

I hope this information is helpful to you. If you should have any questions, please contact Gwen Henderson at (803) 898-1040.

Sincerely,

A handwritten signature in cursive script that reads "William L. Weis".

William L. Weis, CPA
Deputy Director

WLW/gph
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO: Marcus & Millichap
Attn: Mike Pardoll

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 673

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	1	Hours	\$10.00
Pages copied at \$.10 per page	42	Pages	\$ 4.20
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ 1.00
Other costs associated with the FOIA request:			\$ _____
Total Amount Due SCDHHS:			\$15.20

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact Gwen Henderson at (803) 898-1040 should you have any questions.

William L. Wells
Signature _____ Date 4/27/07