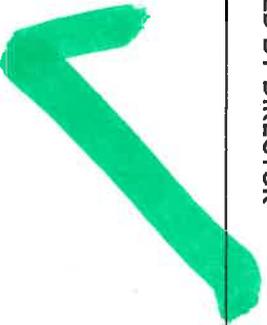


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO	DATE
<i>Singleton</i>	<i>11-12-09</i>

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>100221</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

NOV 1 0 2009

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NOV 1 2 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Robert M. Kerr  
Medicaid Director  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29209-8206

Dear Mr. Kerr:

Re: Seaborn Michael Thurman	Dentist
1203 Two Island Court, Suite 101	DOB: 06/30/1943
Mount Pleasant, SC 29466	SSN: 257-60-5571
LICENSE NO.: 1834	UPIN: None
MEDICARE PROVIDER NO.: None	MEDICAID PROVIDER NO.: None
SANCTION AUTHORITY: 1128(a)(1)	NPI: 1194877175
OI File No. 4-03-41377-9	

Effective with the date of this notice, the subject has been reinstated as a provider of services covered under the title XVIII (Medicare) program.

Pursuant to Federal regulations at 42 CFR 1001.3003(b), you are hereby requested to reinstate the subject as a provider of services covered under the title XIX (Medicaid) program. This action makes Federal matching funds available for payments made to the subject for services rendered after the effective date of reinstatement under title XIX. However, if the State has imposed a sanction under its own authority independent from our action under section 1128, reinstatement to the title XIX program is not mandatory.

If you have any questions about this reinstatement, please contact Kathy Pettit, Investigations Analyst, Office of Investigations, Office of Inspector General, Suite 210, 7175 Security Boulevard, Baltimore, Maryland 21244. Mrs. Pettit may be reached on (410) 281-3063.

Sincerely,

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

**RECEIVED**

NOV 1 0 2009

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Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

Dear Mr. Kerr:

Re: Seaborn Michael Thurman	Dentist
1203 Two Island Court, Suite 101	DOB: 06/30/1943
Mount Pleasant, SC 29466	SSN: 257-60-5571
LICENSE NO.: 1834	UPTN: None
MEDICARE PROVIDER NO.: None	MEDICAID PROVIDER NO.: None
SANCTION AUTHORITY: 1128(a)(1)	NPI: 1194877175
OI File No. 4-03-41377-9	

Effective with the date of this notice, the subject has been reinstated as a provider of services covered under the title XVIII (Medicare) program.

You are hereby requested to reinstate the subject as a provider of services covered under the title XX program for covered services rendered after the effective date of this reinstatement to the title XX program. However, if the State has imposed a sanction under its own authority independent from our action under section 1128, reinstatement to the title XX program is not mandatory.

If you have any questions about this reinstatement, please contact Kathy Pettit, Investigations Analyst, Office of Investigations, Office of Inspector General, Suite 210, 7175 Security Boulevard, Baltimore, Maryland 21244. Mrs. Pettit may be reached on (410) 281-3063.

Sincerely,

*Maureen R. Byer*

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations