

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-5-08</i>
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<p align="center">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER 000409</p> <p>2. DATE SIGNED BY DIRECTOR <i>Cleaved 2/5/08, letter attached.</i></p>	<p align="center">ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-14-08</i></p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p>
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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4.			



RECEIVED

FEB 05 2008

**Department of Health & Human Services
OFFICE OF THE DIRECTOR**

January 24, 2008

OFFICE OF THE CHAIRMAN
DEPARTMENT OF SURGERY

Department of Health and Human Services
Attention: Dr. Marion Burton
P.O. Box 8206
Columbia, South Carolina 29202

RE: Barbara Gallman
Medicaid#: 8780115406

Dear Dr. Burton:

Ms. Barbara Gallman is a patient that I have been following since May 2007 for breast carcinoma of the left breast. Ms. Gallman underwent a left mastectomy on May 17, 2007 for invasive ductal carcinoma. Ms. Gallman requires continued follow-up care for surveillance and treatment of her breast carcinoma. We are requesting an extension of the number of ambulatory visits for her follow-up care.

If you require any additional information please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard M. Bell".

Richard M. Bell, M.D., FACS
Professor and Chairman
Department of Surgery
USC School of Medicine

RMB:cbs



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 5, 2008

Richard M. Bell, M.D.
Department of Surgery
USC School Medicine
2 Medical Park, Suite 300
Columbia, SC 29203

Re: Barbara Gallman - Medicaid #8780115406

Dear Dr. Bell: *Rich*

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services no longer requires prior authorization for additional physician visits (beyond the 12 allowed annually) if they are medically necessary. In order to be reimbursed for additional visits, please submit documentation as to why the additional visits are necessary along with a hard copy of your claim. This will suffice to make certain that you are paid for this care.

If I can help further, please do not hesitate call me at (803) 255-3400 or (803) 898-2500. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marion'.

O. Marion Burton, MD
Medical Director

OMB/bk

cc: William Feagin

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