

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

ACTION REFERRAL

TO <i>Supra / Jay Smith</i>	DATE <i>4-9-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000356	<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 (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



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APR 09 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

April 4, 2014

VIA USPS AND EMAIL

Anthony Keck, Director
SCDHHS
P.O. Box 8206
Columbia, SC 29202
proviso@scdhhs.gov

Dear Mr. Keck:

Pursuant to Section VII.D.2 of Attachment 4.19-A of the South Carolina State Plan, As CEO of Cannon Memorial Hospital, I hereby certify that Cannon Memorial Hospital has policies and procedures in place to comply with the South Carolina Department of Health and Human Services (SCDHHS) recommended workflow for uninsured patients.

Sincerely yours,



Norman G. Rentz
President and CEO

Brenda,
These two
letters go to
Jay Smith
not Ella
Dickenson
Thanks,
Shawn

CANNON
MEMORIAL HOSPITAL
P.O. Box 188, Pickens, SC 29671

Anthony Keck, Director
SCDHHS
P.O. Box 8206
Columbia, SC 29202

APR 09 2014

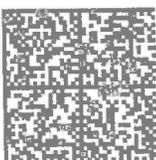
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OFFICE OF THE DIRECTOR

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