


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

**ACTION REFERRAL**

TO <i>Singler</i>	DATE <i>7-6-09</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>100007</i>	I I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  	I I Prepare reply for appropriate signature DATE DUE _____
	I I 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.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office Of Inspector General

Washington, D.C. 20201

JUN 30 2009

RECEIVED

Director

Department of Health and Human Services

P O Box 8206

Columbia, SC 29202-8206

JUL 06 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Assistant Secretary:

Re: Melissa McCormick Albergotti

301 Frostberry Court

Fountain Inn, SC 29501

LICENSE #: 3506

MEDICARE PROVIDER NO.: N/A

SANCTION AUTHORITY: 1128(a)(1)

OI FILE NO.: 4-08-40495-9

Dental Hygienist

DOB: 09/14/1973

SSN: 250-27-1446

UPIN: N/A

MEDICAID PROVIDER NO.: N/A

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 for Investigations if you receive any such claim.

Sincerely,

*Maureen R. Byer*

Maureen R. Byer

Director

Exclusions Staff

Office of Investigations