

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

**ACTION REFERRAL**

<b>TO</b> <i>Singleton</i>	<b>DATE</b> <i>2-4-09</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
<b>1. LOG NUMBER</b> <i>100423</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
<b>2. DATE SIGNED BY DIRECTOR</b> <i>cc: Myers, Hamilton</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office Of Inspector General

Washington, D.C. 20201

JAN 30 2009

RECEIVED

Director

Department of Health and Human Services  
P O Box 8206  
Columbia, SC 29202-8206

FEB 04 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Director:

Re: Sam Epps  
1204 S Morris Street  
Lake City, SC 29560  
LICENSE #: N/A  
MEDICARE PROVIDER NO.: Unknown  
SANCTION AUTHORITY: 1128(b)(7)  
OI FILE NO.: 4-06-40198-9  
EFFECTIVE DATE: October 1, 2008

Owner/Transportation Company  
DOB:  
SSN: 248-61-1389  
UPIN: N/A  
MEDICAID PROVIDER NO.: Unknown

The subject identified above is being permanently 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 was effective with the date shown above.

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 the subject is not entitled to be reinstated to the Federal programs. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject.**

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