


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>10-2-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>001154</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 checked="" 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.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C.

SEP 30 2009

RECEIVED

OCT 02 2009

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

Dear Sirs:

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Angela Bailey McFadden
311 Plantation Drive
Lexington, SC 29072
License #: 3177
Sanction Authority: 1128(a)(1)
OI File Number: 4-08-40815-9

Dentist
DOB: 03/01/1960
SSN: 405-98-4704
UPIN: U34643
Medicare Provider #: N/A
Medicaid Provider #: N/A

The subject identified above was previously excluded from participation in the Medicare, Medicaid, and all Federal health care programs. That exclusion, under section 1128(b)(14), became effective December 20, 2006 and remains in effect. The subject is now being excluded from participation in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(B)(f) of the Social Security Act (Act). This action is effective 20 days from the date of this letter and is the result of the subject's conviction in the United States District Court, District of South Carolina, Columbia Division.

The subject has not been eligible to participate in the title XIX program since December 20, 2006. Please ensure that no program reimbursement has been made for any items or services the subject furnished, ordered, or prescribed since that date. If the subject has claimed or caused claims to be submitted, then the subject may be liable for additional civil penalties. Therefore, if you receive any such claims, please notify the Special Agent in Charge, Office of Investigations, Office of Inspector General, 61 Forsyth Street, S.W. Suite 5T18, Atlanta, Georgia, 30303. Any questions you may have in this regard should be referred to that office at (404) 562-7603.

All of the exclusions will run concurrently and the subject will not be eligible to apply for reinstatement until the subject has met all of the conditions for reinstatement. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject. You will be notified if and when reinstatement occurs.

Sincerely,

Maureen R. Byer

Maureen R. Byer
Director
Exclusions Staff
Office of Investigations