

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>12-7-06</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000389	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 12/12/06, no papers attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-18-06</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input 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.			



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, L.T. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

Gwen Powers
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8203

RECEIVED

DEC 05 2006

RE: P-18891765
November 20, 2005

Department of Health & Human Services
OFFICE OF THE DIRECTOR

The Medicaid Program for the State of Iowa has received a request for enrollment from the provider listed below. In order for us to quickly and accurately process this enrollment application, your assistance is requested.

Provider Name:	Tidewater Medical Inc (DME Provider)
Provider Address	389 Johnnie Dodds Blvd Mt Pleasant, SC 29465
Provider Tax ID#	57-1098035

Is this provider enrolled in the Medicaid Program in your state? _____

Effective Date of enrollment: _____

Type of Provider: _____

Has this provider ever been suspended or excluded from participation in the Medicaid Program in your state? _____

Yes _____ (Enter date of suspension or exclusion) From _____ to _____
No _____

Name of individual completing this Form: _____

Please return this letter by mail or fax (515-725-1155). If you have any questions, please feel free to contact the Provider Services Unit at 515-725-1004 (locally) or 800-338-7909. Thank you for your assistance in this matter.

Sincerely,

Provider Services Unit

Log. Bowling
"Approved. Sign"



Fields of Opportunities

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

STATE OF IOWA

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

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12-12-06

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Provider Name:	Tidewater Medical Inc (DME Provider)
Provider Address	389 Johnnie Dodds Blvd
	Mt Pleasant, SC 29465
Provider Tax ID#	57-1098035

Is this provider enrolled in the Medicaid Program in your state? Yes

Effective Date of enrollment: March 3, 2006

Type of Provider: DME

Has this provider ever been suspended or excluded from participation in the Medicaid Program in your state?

Yes (Enter date of suspension or exclusion) From _____ to _____
No

Name of individual completing this Form: *Stephanie Spintre*

Please return this letter by mail or fax (515-725-1155). If you have any questions, please feel free to contact the Provider Services Unit at 515-725-1004 (locally) or 800-338-7909. Thank you for your assistance in this matter.

Sincerely,

Provider Services Unit

TRANSMISSION VERIFICATION REPORT

TIME : 12/12/2006 10:35

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

12/12 10:35
915157251155
00:00:16
02
OK
STANDARD



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

FAX COVER SHEET

“CONFIDENTIAL INFORMATION ENCLOSED”

DATE: December 12, 2006

TO: Provider Services Unit
Department of Human Services
State of Iowa

TEL.# N/A

FAX # (515) 725-1155

FROM: Wanda Metts for Stephanie Hinton
Durable Medical Equipment Services

Total Number of Pages Transmitted: 2 (Including Cover Sheet)

COMMENTS: Please see attached enrollment application.

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this in error, please notify us immediately and destroy the related message. Thank you.