

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

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Provider Name:	Tidewater Medical Inc (DME Provider)
Provider Address	389 Johnnie Dods 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 X

Name of individual completing this Form: Stephanie Spintz

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 # 389  
12-12-06

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.