DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	4-1-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000504	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR N/A per Myers & Giese on 4/3/08, see attached note	[ ] Prepare reply for appropriate signature DATE DUE _____ [ ] FOIA DATE DUE _____ [X] 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 HEALTH AND HUMAN SERVICES FINANCE COMMISSION

ESRD - ENROLLMENT MEDICAID RECIPIENT

PART I - PATIENT INFORMATION

Name	Date of Birth	Social Security No:
Treni's L. Williams	01-10-79	252-33-3657

Address	Medicaid ID No:	Medicare Eligible
160 Forest Drive (STREET OR RFD)	17808 11762	yes
Jackson (CITY) SC (STATE) 29831 (ZIP CODE)	Medicare Application Submitted: (Yes) Date	

County	Medicaid No	Effective Date	Medicare Denied:
Aiken	Pending	—	☐ Yes ☒ No

REASON FOR DENIAL Medicare is Pending

PART II - TREATMENT INFORMATION - DIALYSIS

Date of First Treatment	Transplant Candidate:
12-13-07	X Yes ☐ No

Name of Facility Transferred From: —

Mode of Treatment:

X HEMODIALYSIS

PERITONEAL DIALYSIS

SELF DIALYSIS

Home Dialysis:

TYPE:

SUPPLIER:

PART III - MEDICAL TRANSPORTATION

Reimbursed by DSS: Yes No

Provider of Transportation:

ESRD PROVIDER INFORMATION

NCA-Augusta Dialysis

00095404 9 B

Dr. Brezina / 622412626F

Marilyn Hilton (706) 774-0130

Social Worker 3-6-08

HHSFC USE ONLY

From: Nancy Rabert
To: Margarete Keller
Date: 4/3/2008 9:03 AM
Subject: Re: Can Log 000504 -

CC: Brenda James; Jan Polatty
OK

>>> Margarete Keller 4/3/2008 9:01 AM >>>
You need to respond - Felicity requests an answer to the physician.

Marga :-)

>>> Nancy Rabert 4/3/2008 8:48 AM >>>
Can it be changed to Necessary Action. It is a normal form/application with normal procedures -just like what we send on to Physicians. This one goes to Hospitals. Nothing unusual about it - just that it got opened on 11th and logged. Thoughts?

Thanks
Nancy

done 4/3/08

Felicity - BZ spoke about 2:50PM 4/3/08

unless send to Hosp.

BZ

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers / Giese	4-1-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100504	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Closed – see attached note.	[X] Prepare reply for appropriate signature DATE DUE 4-10-08
	[ ] FOIA DATE DUE _____
	[ ] 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.			

RECEIVED
Dept. of Health & Human Services
APR 03 2008
Bureau of Health Services

STATE HEALTH AND HUMAN SERVICES FINANCE COMMISSION

ESRD - ENROLLMENT MEDICAID RECIPIENT

PART I - PATIENT INFORMATION

Name: Treni L. Williams

Date of Birth: 01-10-79

Social Security No: 252-33-3657

Address: 160 Forest Drive
STREET OR RFD

Medicaid ID No: 17808111762

Medicare Eligible: Yes

Medicare Application Submitted.

(Yes) Date

Jackson SC 29831
CITY STATE ZIP CODE

County: Aiken

Medicare No.: Pending

Effective Date: —

Medicare Denied: ☐ Yes ☒ No

REASON FOR DENIAL: Medicare is Pending

PART II - TREATMENT INFORMATION - DIALYSIS

Date of First Treatment: 12-13-07

Transplant Candidate: ☒ Yes ☐ No

Name of Facility Transferred From: —

Mode of Treatment:

- ☒ HEMODIALYSIS
- ☐ PERITONEAL DIALYSIS
- ☐ SELF DIALYSIS

Home Dialysis:

TYPE: _____

SUPPLIER: _____

PART III - MEDICAL TRANSPORTATION

Reimbursed by DSS: ☐ Yes ☐ No

Provider of Transportation:

ESRD PROVIDER INFORMATION

Clinic Name: NCA-Augusta Dialysis

Provider Number: 00095404 B

Physician's Name: Dr. Brezina / 622412626F

Form Completed By:

Marilyn Hilton (706) 774-0130
NAME TELEPHONE NO.

Social Worker 3-6-08
TITLE DATE

MAIL TO:

ESRD SERVICES - DIVISION OF PRIMARY CARE
S.C. HEALTH AND HUMAN SERVICES FINANCE COMMISSION
P.O. BOX 8206
COLUMBIA, S.C. 29202 - 8206

HHSFC USE ONLY

ESRD Enrolled:

Code:

Effective Date:

Approved By:

Date Approved:

Comments:

HHSFC 218 (Apr 86) Replaces DSS Form 17112 (Aug 83) which is obsolete.

ARA
AUGUSTA CLINIC LLC
Nephrology Centers of America - Augusta
4000 Telfair Street
Augusta, GA 30901-2208

ESRD Services – Division of Primary Care
SC Health and Human Services Finance
Commission
P.O. Box 8206
Columbia, SC 29202-8206