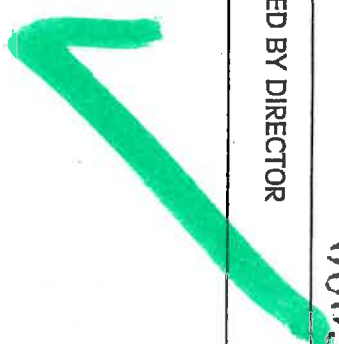


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/B2</i>	DATE <i>2-12-10</i>
-----------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100337</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____		
<input checked="" type="checkbox"/> I 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.			

Feb. 10, 2010 6:18PM) Barnet Park Family Md

No. 3797 P. 1

limit the unnecessary multiple
nebulizer filling needed to 1 month.
These can be cleaned easily with
soap & water.

COMPLETED
dated 2/10/2010
to DHS Public Info
803 898 4615

Currently 15 / mos. are allowed.

A7003 & A7004

(see 1-1-09
Medicaid
bulletin)

Dr Angela
T. McBea
MD

RECEIVED

FEB 11 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

BARNET PARK FAMILY MEDICINE
(601) 444-5777
Barnesville, MD 21012
Phone: (866) 642-8956
Fax: (866) 642-8977

Angela S. McBea