

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bawling</i>	DATE <i>4-5-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000034		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/13/07, letter attached.</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-16-07</i> 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.			

Doc. Bowling
"Approp. Sign."

Robert E. Perryman, D.M.D.
1910 Bull Street
Columbia, S.C. 29201
(803) 254 7696

RECEIVED

APR 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

March 1st 2007

To South Carolina Medicaid

Re: Ms. Tracee S. Woodard # 3923145501

This note is to certify that Ms. Tracee Woodard has TMS Dysfunction. Her inability to chew due to limited movement of her jaw has become a serious health problem.

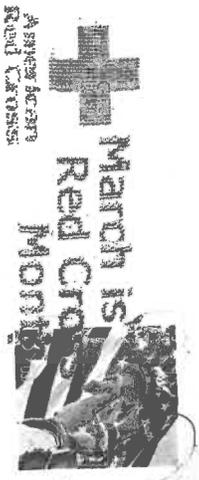
Ms. Woodard has been treated for this condition for many years with only limited success. Therefore, I recommend her to be fitted with a hard night-guard splint for temporary relief reduction of Painful symptoms.

Ms. Woodard has been advised that further treatment will eventually be needed to completely correct the condition.

Yours,
Robert Perryman DMD
254816

Ms. Margaret Glover
PO Box 154
Hopkins, SC 29061

COLUMBIA, SC 292
APR 05 2007 PM 1 L



RECEIVED *Medical Records Director*

APR 05 2007 DHHS

Department of Health & Human Services
OFFICE OF THE DIRECTOR
P.O. Box 8206
Columbia, SC 29203



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

April 13, 2007

Robert E. Perryman, D.M.D
1910 Bull Street
Columbia, South Carolina 29201

Dear Dr. Perryman:

Thank you for your recent letter regarding Medicaid reimbursement for an Occlusal Guard for one of your patients, Ms. Tracie Woodard.

The Occlusal Guard is not covered by Medicaid. The South Carolina Medicaid program covers dental services for individuals under the age 21. Dental procedures for adults are limited to emergency services only.

We apologize that we cannot be of more assistance in this matter. We appreciate your interest and continued support of the Medicaid program in South Carolina. If you have any questions or if we can be of further assistance, please contact Ms. Shirley Carrington, Team Leader for Dental Services, at (803) 898-2655.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/hw

#634
✓