

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>4/17/09</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100580</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Strunk</i> <i>Cleaved 5/1/09 letter</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>May 1, 2009</i> <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.			



RECEIVED

APR 17 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

April 16, 2009

Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

RE: Faith Health Care Center, Florence, South Carolina

Dear Ms. Putnam:

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

Pursuant to the Freedom of Information Act and South Carolina Code Section 40-20-760, I am requesting that you provide this office with any as filed Cost Reports submitted by the above named provider for any contract periods between January 1, 2006 to present and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC


Kirsten Harkness
Paralegal to Matthew Christian

Workers' Compensation
Auto & Truck Collisions
Insurance Litigation

Social Security Disability
Serious Personal Injury

Medical & Nursing
Home Negligence

/kch

Log # 000580



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 1, 2009

Matthew Christian, Esquire
Christian & Davis, LLC
P. O. Box 332
Greenville, SC 29602

Re: FOIA Request -- Cost Reports for Faith Health Care Center, Florence, SC

Dear Mr. Christian:

In response to your Freedom of Information Act request, enclosed you will find the information you requested. These documents are a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is thirty-two and 29/100 dollars (\$32.29). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard G. Hepfer".

Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette D. Wilson, Receivables

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210