

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

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|------------------------------|-------------------------------|
| TO <i>Baerling</i> | DATE <i>7-12-06</i> |
|------------------------------|-------------------------------|

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|---|--|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER <i>000073</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>Cleared 7/18/06, better attached</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-06</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. | | | |

Pulmonary Diseases Care

Daniel K. Gamé, M.D., F.C.C.P.

2093 Henry Tecklenburg Drive
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Charleston, SC 29414

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RECEIVED

JUL 12 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

6/28/2006

O. Marton Burton, MD

Medical Director

State of South Carolina

Department of Health & Human Services

Re: Tonzell Simmons

DOB: 2/13/1974

Dear Dr. Burton:

Ms. Tonzell Simmons is a 32 year old female patient who was recently diagnosed with pulmonary sarcoidosis (radiological stage II) by mediastinoscopic lymph node biopsy. She was already seen twice in this office on 6/12 and 6/26 of 2006. Following her diagnosis during the second office visit, she was started on systemic steroid because of severe symptoms. She is scheduled to have a follow-up visits in 2 weeks. If she tolerates the treatment well, I am planning to keep her on steroid for at least 3 months and she will need out patient follow up to assess her response to treatment. In this regard, your timely support for additional office visits is extremely important and medically necessary. Thank you once again for the support and cooperation.

Sincerely,

Dr. Daniel K. Gamé, M.D. F.C.C.P.



State of South Carolina
Department of Health and Human Services

Log # 73



Mark Sanford
Governor

Robert M. Kerr
Director

July 18, 2006

Daniel K. Gamé, MD, FCCP
Pulmonary Diseases Care
2093 Tecklenburg Drive, Suite 205E
Charleston, South Carolina 29414

Re: Tonzell Simmons

Dear Dr. Gamé:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support additional physician office visits when medically necessary. Although you described the diagnoses of this patient, I will need to receive a letter signed by you in order to request that the agency support these additional visits you requested.

If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

Handwritten signature of Mari Burton.

O. Marion Burton, MD
Medical Director

OMB/bk