

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

ACTION REFERRAL

Relog from Bowling to Wells per Bowling on 9-6-06

TO

DATE

Wells

9-1-06

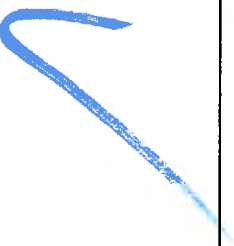
DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000217</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	_____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>9-1-04</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000217</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> 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.			

RECEIVED

AUG 31 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

801 Phillipstown Rd.
Kershaw, S. C. 29067
August 25, 2006

Mr. Robert Kerr, Director
South Carolina Department of Health and Human Services
P. O. Box 8206
Columbia, S. C. 29202-8206

*Doc. Bowling
"Rec. Action"*

Re: Page L. Shepard, SS# 247-59-4213
Billy L. Sanders, Jr., SS# 655-03-1574

Dear Mr. Kerr:

I am having problems with my doctors and pharmacists because your records indicate that my son and I still have medical insurance with Blue Cross Blue Shield. The only coverage we have is Medicaid. Enclosed are copies of statements from Blue Cross Blue Shield to verify that our Blue Cross Blue Shield coverage ended January 1, 2006. Please update your records to reflect this change.

Thank you for your help.

Sincerely,

Page L. Shepard

Page L. Shepard



**BlueCross BlueShield
of Tennessee**

801 Pine Street
Chattanooga, Tennessee 37402-2555
www.bcbst.com

ID No: 900511917

BILLY L SANDERS
801 PHILLIPSTOWN RD
KERSHAW SC 29067

Certificate of Creditable Group Coverage

IMPORTANT - KEEP THIS CERTIFICATE. This certificate is evidence of your coverage under this plan. Under federal law known as HIPAA, you may need evidence of your coverage to reduce a pre-existing condition exclusion period under another plan to help you get special enrollment in another plan, or get certain types of individual coverage even if you have health problems.

Many health plans have a pre-existing condition exclusion period in their contract. Any illness, injury or medical condition (except pregnancy and certain other cases) may be considered a pre-existing condition. This waiting period is the length of time over which health care services for a pre-existing condition are not payable.

If you are interested in receiving information on an individual plan through BlueCross BlueShield of Tennessee and you are a resident of Tennessee, please contact our Individual Sales Department at 1-800-845-2738.

If you believe this document is not correct, write us at the above address and send written records to request a review. You may also call us if you have questions.

1. Date of this certificate: 07/11/2006
2. Name of group health plan: BlueCross BlueShield of Tennessee
3. Name of participant: BILLY L SANDERS
4. Group ID number: 90750
5. Participant dependent to whom this document applies:
Name: BILLY L SANDERS
Date of birth: 01/05/1998 Social Security number: 655-03-1574
6. For more information, call: 1-800-565-9140
7. If the person listed in line 3 and line 5 has at least 18 months of creditable coverage (not including coverage before any break of 63 days or more), check here X and skip lines 8 and 9.
8. Date waiting period or affiliation period (if any) began:
9. Date coverage began:
10. Date coverage ended: 01/01/2006

You will receive separate certificates if past coverage is different on you and each family member.

Membership Services

*BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

Confidential - this information is intended for the use of the specific individual or entity named above

SC Medicaid

7724792901



**BlueCross BlueShield
of Tennessee**

801 Pine Street
Chattanooga, Tennessee 37403-2555
www.bcbst.com

PAGE 1 SHEPARD
801 PHILIPSTOWN RD
KERSHAW, SC 29067

ID No. 900511917

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1. Date of this certificate: 07/11/2006
2. Name of group health plan: BlueCross BlueShield of Tennessee
3. Name of participant: PAGE 1 SHEPARD
4. Group ID number: 90750
5. Participant/dependent to whom this document applies:
Name: PAGE 1 SHEPARD
Date of birth: 06/11/1980 Social Security number: 247-59-4213
6. For more information, call: 1-800-565-9140
7. If the person listed in line 3 and line 5 has at least 18 months of creditable coverage (not including coverage before any break of 63 days or more), check here X and skip lines 8 and 9!
8. Date waiting period or affiliation period (if any) began:
9. Date coverage began:
10. Date coverage ended: 01/01/2006

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