


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>5/23/08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000609	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Completed 5/30/08, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6/11/08</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.			

5/20/08

Dear: Ms Alicia Jacobs

On 8/1/07, my daughter Demetria J. Toomer was approved for Medicaid assistance. She received her Medicaid card on 1/26/08. I'am Demetria's father and sole supporter and while waiting on her approval, I spent a total of 1099.00 dollars out of my pocket for her prescription medication alone. On 2/23/08, I sent a letter to your department requesting a refund. To this date, I haven't received a reply. Ms. Jacobs could you please check on the status of my request.

Attached please find copies of the letter sent and supporting documents. Your attention into this matter is greatly appreciated.

Respectfully Yours

Leroy Toomer Jr.

Leroy Toomer Jr.
131 Toomer Lane
Aiken, SC 29803
803 652-7398

2/23/08

Dear: Department of Health and Human Services

On 1/25/08, my daughter Demetria J. Toomer received her Medical Approval Letter from the Department of Health and Human Services. Her Medical Card Effective Date is 8/01/07. Attached please find copies of her prescription medical expenses that I have paid out of my pocket and supporting documents.

I 'am Demetria's father and sole supporter. Please refund to me in the amount of \$1099.64. I would also like to take this opportunity to extend my sincere appreciation and gratitude to the Department of Health and Human Services It would be impossible for Demetria to make it without your assistance. *May God Bless.*

Respectfully Yours

Leroy Toomer Jr

Leroy Toomer Jr
131 Toomer Lane
Aiken, SC 29803

MEDICAID APPROVAL LETTER

LOW INCOME FAMILIES

Date: 01/25/2008
 Worker: JEANNETTE MARTIN
 Telephone: 803 642-3697
 BG #: 89740885
 101209186
 02 JEANM

AIKEN COUNTY DHHS
 P. O. Box 2748
 Aiken SC 29802-0000
 LEROY TOOMER JR
 131 TOOMER LANE
 AIKEN SC 29803

Your application has been approved. The persons listed below will get Medicaid benefits:

Recipient Name	Recipient ID#	Effective Date	Medicaid Card	Retro Date(s)
JEANNETTE J TOOMER <i>Demetra</i>	7780770758	08/01/2007		

The Medicaid card will be mailed to your current address. If you move, you must tell your Medicaid worker because the Post Office cannot forward your Medicaid cards. You must present this card to the doctor, hospital, drug store each time you go.

You may have a choice about the way that you receive your Medicaid services. For more information, call toll free 1-888-549-0820.

X As a condition of eligibility when you apply for medical assistance, you are assigning to the state your rights to any medical support or other payments for medical care and you are agreeing to cooperate with the state in establishing paternity for the minor children, if any, for whom you are applying and to cooperate in obtaining third party payments.

X You may ask for a fair hearing before the Department of Health and Human Services if you believe an error was made in processing your application.

To Request A Fair Hearing From the Department of Health and Human Services

To Get Help With Your Fair Hearing

- Ask your Medicaid worker in writing within 30 days of the date on this letter. Attach a copy of this letter to you request.
- You must tell your Medicaid worker in 10 days if you have a change in the following:
 - You can hire an attorney to help you
 - You can have someone you know come to the hearing and speak for you
 - Contact your Medicaid worker in person or by phone to get help in asking for a hearing.

YOU WILL RECEIVE A REVIEW FORM IN THE MAIL EVERY 12 MONTHS (SOMETIMES SOONER). WHEN YOU RECEIVE THE REVIEW FORM, YOU MUST COMPLETE AND RETURN IT OR YOUR MEDICAID WILL STOP.

- Where you live
- Income
- Resources
- Family size (someone moves in or out)
- Any news that would change your case

M E D I C A L E X P E N S E S

TOOMER1

Patient: TOOMER, DEMETRIA J.
Respty: 131 TOOMER LANEPharmacy: PUBLIX PHARMACY #0506
250 EASTGATE DRIVE

AIKEN

SC 29803

RPh: KESSINGER, DIANE

NCPDP#: 4219146

Birth: 01/27/1977

SC 29803

Allergies:

RETINOIDS
QUINOLONES
PENICILLINS

Prescriptions:

Dates: 01/01/2007 to 12/31/2007

Last Fill Written	Rx # Tx #	Drug Name Drug NDC	Rph Refaut/Rem/#	DAW Rem/#	Qty Physician	Days	Price
05/26/2007	6815451	ERYTHROMYCIN OPTH	OIN	0	4	10	6.50
05/26/2007	1567662	00168-0070-38 JAL	5	5	0	0	Dr. FISCHBACH, GARY
06/19/2007	6816981	DOXYCYCL HYC 100MG CAP	0	0	30	15	7.22
06/19/2007	1572276	00143-3142-05 SCN	1	0	0	0	Dr. GRANTHAM, R. LEE
06/19/2007	6816983	BLEPHAMIDE OP	SUS	0	5	33	61.95
06/19/2007	1572280	11980-0022-05 SGN	3	3	0	0	Dr. GRANTHAM, R. LEE
07/30/2007	6816981	DOXYCYCL HYC 100MG CAP	0	0	30	15	7.22
06/19/2007	1579950	00143-3142-05 DKK	1	0	1	0	Dr. GRANTHAM, R. LEE
08/10/2007	6820237	ABILIFY 10MG	TAB	1	30	30	309.02
08/10/2007	1582356	59148-0008-13 TWF	/	0	0	0	Dr. LEE, LINDA
08/10/2007	6820238	SERTRALINE 100 MG	TAB	0	45	30	80.95
08/10/2007	1582357	59762-4910-05 TWF	/	0	0	0	Dr. LEE, LINDA
09/06/2007	6822129	ABILIFY 10MG	TAB	0	15	15	155.51
08/31/2007	1587742	59148-0008-13 9MP	1	0	0	0	Dr. LAMBERT, JERRY
09/06/2007	6822130	SERTRALINE 100 MG	TAB	0	45	30	80.95
08/31/2007	1587743	59762-4910-05 9MP	3	0	0	0	Dr. LAMBERT, JERRY
09/18/2007	6822129	ABILIFY 10MG	TAB	0	15	15	155.51
08/31/2007	1590164	59148-0008-13 9MP	1	0	1	0	Dr. LAMBERT, JERRY
10/04/2007	6822130	SERTRALINE 100 MG	TAB	0	30	20	55.95
08/31/2007	1593666	59762-4910-05 TWF	3	0	1	0	Dr. LAMBERT, JERRY
10/25/2007	6822130	SERTRALINE 100 MG	TAB	0	30	20	33.95
08/31/2007	1597939	00591-3240-10 9MP	3	0	2	0	Dr. LAMBERT, JERRY
11/13/2007	6822130	SERTRALINE 100 MG	TAB	0	30	20	33.95
08/31/2007	1602013	00591-3240-10 DOZ	3	0	3	0	Dr. LAMBERT, JERRY
12/06/2007	6822130	SERTRALINE 100 MG	TAB	0	45	30	48.95
08/31/2007	1606990	00591-3240-10 DKK	3	0	4	0	Dr. LAMBERT, JERRY
12/27/2007	6830855	TOBRADEX OPTH	OINT	0	4	7	95.95
12/27/2007	1611551	00065-0648-35 DKK	0	0	0	0	Dr. GILBERT, SONYA
12/31/2007	6831107	SERTRALINE 100 MG	TAB	0	45	30	48.95
10/21/2007	1612394	59762-4910-05 DKK	1	0	0	0	Dr. SMITH, GREG

M E D I C A L E X P E N S E S

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MR, DEMETRIA J.

Pharmacy: PUBLIX PHARMACY #0506

131 TOOMER LANE

250 EASTGATE DRIVE

AIKEN

SC 29803

AIKEN

RPh: KESSINGER, DIANE

NCPDP#: 4219146

Birth: 01/27/1977

SC 29803

Prescriptions:

Dates: 01/01/2007 to 12/31/2007

Last Fill Written	Rx # Tx #	Drug Name Drug NDC	DAW RPh RefAut/Rem/#	Qty Physician	Days	Price
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Report Date: 02/12/2008

\$1,182.53

\$82.89

Attested To By: *Doreen Kessinger*
Registered Pharmacist

\$1,099.64



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 30, 2008

Mr. Leroy Toomer, Jr.
131 Toomer Lane
Aiken, South Carolina 29803

Dear Mr. Toomer:

Thank you for contacting our agency on behalf of your daughter to seek assistance for reimbursement of prescriptions she received through Publix Eastgate Pharmacy in Aiken.

A member of our staff has been in direct contact with Ms. Toomer to explain Medicaid policy concerning payments for prescriptions. We suggested that she call Ms. Denise Kessinger at the Publix Eastgate Pharmacy in Aiken at (803) 643-7970 regarding this matter. We did contact them and asked them to consider submitting claims for these services, however we cannot require them to.

We hope this information is helpful. If you have further questions regarding the Medicaid program, please call Bob Liming at (803) 898-2621.

Sincerely,

Alicia Jacobs
Executive Consultant

AJ/coll

Log# 609
✓

Log # 609



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 30, 2008

Ms. Demetria J. Toomer
131 Toomer Lane
Aiken, South Carolina 29803

Dear Ms. Toomer:

Your father contacted our agency to seek assistance for reimbursement of prescriptions you received through Publix Eastgate Pharmacy in Aiken.

We suggest that you call Ms. Denise Kessinger at the Publix Eastgate Pharmacy in Aiken at (803) 643-7970 regarding this matter. We did contact them and asked them to consider submitting claims for these services, however we cannot require them to. We are returning the bills for your records.

Your Medicaid coverage under the Low Income Families Program effective August 1, 2007 covers Medicaid approved medications.

We hope this information is helpful. If you have further questions regarding the Medicaid program, please call Bob Liming at (803) 898-2621.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Executive Consultant

AJ/coll
Enclosures