

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <b>Myers</b>	DATE <b>2-21-08</b>
--------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000436</b>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <b>2/28/08</b>
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<b>Ref. Log 0389</b> <b>Clear &amp; 3/5/08</b> <b>attached.</b>	<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.			



# State of South Carolina

## Office of the Governor

MARK SANFORD  
GOVERNOR

OFFICE OF RECORDS,  
POLICY AND PROGRAMS

### FAX TRANSMITTAL COVER

DATE:	2/21/08
FAX TO:	Jennifer Lynch
FAX #:	255-8350
FROM:	Deise Riley

734-6419

Total number of pages:  
  
(including this cover sheet)

If you have any problems receiving this document, please contact:

Office of Constituent Services  
Post Office Box 12267  
Columbia, SC 29211  
TELEPHONE: (803) 734-6048 - FAX: (803) 734-0799



*Family Medicine and Psychiatry of the Carolinas  
at Rock Hill, SC*

OUR FOCUS. PEOPLE

1400 Beechwood Road  
Rock Hill, SC 29732  
803-487-7792  
803-487-7792

[www.MYFAMILY.COM](http://www.MYFAMILY.COM)

February 14, 2008

Governor Mark Sanford  
Office of the Governor  
State of South Carolina  
Post Office Box 12267  
COLUMBIA, SC 29211

Dear Governor Sanford,  
I would like to thank you for your response to my correspondence with Senator John McCain. I own a small medical practice with Doctor Daniel Pistone in Rock Hill. Our practice has struggled with staff turnover including our computers being sabotaged by a prior office manager. Our two prior managers overstated their qualifications and as a result we have had numerous billing errors complicated by insufficient help by Medicaid and Medicare representatives. In the meantime we have hired an extremely competent consultant by the name of Cassandra Rivers. She has been able to pinpoint specific errors in our system and errors with either our intermediary or with government computers. In addition, we have finally found competent dedicated staff that is willing to learn and fix these issues as well as deliver quality care to our patients.

One of our biggest complaints has been with our contacts with South Carolina Medicaid representatives. So far all of our Medicaid representatives have been rude, abrupt, and unwilling to seriously listen and take the time to resolve our issues. Each one has rushed the conversation in a demeaning manner. Our request is very simple. We are requesting a face-to-face meeting with higher-level Medicaid and Medicare representatives, and a DMA representative in Columbia. If possible, we are also requesting to be assigned specific managerial level representatives from Medicaid and Medicare that will take sincere interest in our struggle.

We know that the customer service that has been delivered to us so far cannot be the expectation level modeled by senior staff of Medicaid nor tolerated by your office. We feel we have done our best with what has been and cannot afford to accept continued substandard assistance. We are very thankful of your interest and assistance in these matters.

Sincerely,

  
Michael D Lounsbury

cc: The Honorable Senator John McCain



*State of South Carolina*  
*Department of Health and Human Services*

# 436  
✓

Mark Sanford  
Governor

Emma Forkner  
Director

March 5, 2008

Michael D. Lounsbury, M.D.  
Family Medicine and Psychiatry of the Carolinas  
1420 Ebenezer Road, Suite 105  
Rock Hill, South Carolina 29732

Dear Dr. Lounsbury:

Thank you for your letter dated February 14, 2008 regarding issues you are having resolving billing issues with your medical claims.

We look forward to the opportunity to resolve any outstanding claims issues your practice is experiencing with South Carolina Medicaid. You have recently spoken with Ms. Valeria Williams, Division Director of Physician Services, related to your billing issues. My understanding is that Ms. Williams offered suggestions on ways to expedite reprocessing outstanding claims to determine how Medicaid adjudicated each claim. I would like to recommend a face-to-face meeting be scheduled with Ms. Valeria Williams, Division Director of Physician Services; Ms. Melanie Giese, Bureau Chief of Health Services; Mr. Kevin Rogers, Bureau Chief of Medicaid Systems Management; and Dr. Felicity Myers, Deputy Director of Medical Services. This will provide a forum for you to explain your situation with affected stakeholders and an agreement can be reached on possible recommendations. Please contact Marga Keller at 803-898-2501 if you would like to schedule this meeting.

Our Physician Services staff can also provide on-site educational training related to Medicaid billing. I would highly recommend scheduling this training as soon as possible.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/mrm



# State of South Carolina

## Office of the Governor

MARK SANFORD  
GOVERNOR

OFFICE OF THE CLERK  
POLICE AND PROBATION

### FAX TRANSMITTAL COVER

DATE:	4-8-08
FAX TO:	Felicity Myers
FAX #:	255-8235
FROM:	Denise Riley

Total number of pages:  
  
(including this cover sheet)

met with  
Lambert  
4/8  
→  
faxed  
to her  
4/15  
reopened

If you have any problems receiving this document, please contact:

Office of Constituent Services  
Post Office Box 12267  
Columbia, SC 29211  
TELEPHONE: (803) 734-8048 • FAX: (803) 734-0799



*Family Medicine and Psychiatry of the Carolinas  
at Rock Hill, SC*

OUR FOCUS. PEOPLE

April 2, 2008

Palmetto GBA  
Wanda Holloway, Provider Outreach  
Medicare Part B Carrier  
PO Box 100190  
Columbia, SC 29202

www.MYFPC.com

1420 Deen Road  
Rm 105  
Rock Hill, SC 29732  
803-516-7792  
803-516-7792

Dear Mrs. Holloway,

Thank you for your attention to our critical billing and reimbursement crisis. With much effort and support from Senator John McCain and Governor Mark Sanford office we are requesting a Hardship Advancement or Accelerated Payment and a face-to-face meeting to discuss and to identify denial trends.

As a private and independent practice in York County, a significantly underserved area, our office has gone through financial challenges over the past year and a half. We have taken numerous steps to identify and correct issues affecting our collection ability. Early in 2007 our office was reconstructed in many ways beginning with a new ownership, new name, Tax Identification, Medicare Provider number and Medical software that changed our Electronic Clearinghouse Vendor. Our old practice Tax Identification and Provider Number was 20-1273038 (8086) and our new Tax Identification and Provider Number is 71-1029623 (8746). It appears we were set-up for failure with the new changes with 100% personnel turnover.

We now can confidently identify most of our billing errors and denial trends thanks to the help of our recently hired billing consultant, Cassandra Rivers. She has done an incredible job with correcting our issues and putting our practice on course for success. She has educated and trained our staff on how to correctly bill and avoid denials.

Mrs. Holloway, our office is truly in dire straits financially, hence the necessity of Hardship Advancement. Our only lifesaver, financially speaking, is to seek Hardship Advancement with understanding of full recoupment, I propose, over a period of 6 months period. This immediate action would assist us greatly and help us to keep our doors open as we continue to provide care to our patients.

Our Clinical Staff here at Family Medicine and Psychiatry focus on Quality of Care and Quality of Services to our Medicare Patient in our Local Nursing Facilities as well as in our local office. We have not lost focus or drive and have never refused to take care of our elderly and disabled patients in the York County area.

In preparation of our face-to-face meeting, Mrs. Rivers and I are working with our current cleaninghouse to obtain the information we have requested, i.e. Acknowledgements Reports and Excel spread sheet of our practice bill charges and Accounts Receivables.

We are looking forward to your positive response.

Best Regards,  
Michael D. Lounsbury

cc: The Honorable Senator John McCain  
Governor Mark Sanford

#436



# State of South Carolina

## Office of the Governor

MARK SANFORD  
GOVERNOR

OFFICE OF EXECUTIVE  
POLICY AND PROTECTION

### FAX TRANSMITTAL COVER

DATE:	2/21/08
FAX TO:	Jennifer Lynch
FAX #:	255-8350
FROM:	Denise Riley

734-6419

Total number of pages:

(including this cover sheet)

If you have any problems receiving this document, please contact:

Office of Constituent Services  
Post Office Box 12287  
Columbia, SC 29211  
TELEPHONE: (803) 734-6048 - FAX: (803) 734-0798



*Family Medicine and Psychiatry of the Carolinas  
at Rock Hill, SC*  
OUR FOCUS. PEOPLE

1400 Beechwood Road  
Rock Hill, SC 29732  
803-487-7792  
803-487-7792

[www.MYFHP.com](http://www.MYFHP.com)

February 14, 2008

Governor Mark Sanford  
Office of the Governor  
State of South Carolina  
Post Office Box 12267  
COLUMBIA, SC 29211

Dear Governor Sanford,  
I would like to thank you for your response to my correspondence with Senator John McCain. I own a small medical practice with Doctor Daniel Pstone in Rock Hill. Our practice has struggled with staff turnover including our computers being sabotaged by a prior office manager. Our two prior managers overstated their qualifications and as a result we have had numerous billing errors complicated by insufficient help by Medicaid and Medicare representatives. In the meantime we have hired an extremely competent consultant by the name of Cassandra Rivers. She has been able to pinpoint specific errors in our system and errors with either our intermediary or with government computers. In addition, we have finally found competent dedicated staff that is willing to learn and fix these issues as well as deliver quality care to our patients.

One of our biggest complaints has been with our contacts with South Carolina Medicaid representatives. So far all of our Medicaid representatives have been rude, abrupt, and unwilling to seriously listen and take the time to resolve our issues. Each one has rushed the conversation in a demeaning manner. Our request is very simple. We are requesting a face-to-face meeting with higher-level Medicaid and Medicare representatives, and a DMA representative in Columbia. If possible, we are also requesting to be assigned specific managerial level representatives from Medicaid and Medicare that will take sincere interest in our struggle.

We know that the customer service that has been delivered to us so far cannot be the expectation level modeled by senior staff of Medicaid nor tolerated by your office. We feel we have done our best with what has been and cannot afford to accept continued substandard assistance. We are very thankful of your interest and assistance in these matters.

Sincerely,

  
Michael D Lounsbury

cc: The Honorable Senator John McCain



*State of South Carolina*  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

March 5, 2008

# 435  
✓

Michael D. Lounsbury, M.D.  
Family Medicine and Psychiatry of the Carolinas  
1420 Ebenezer Road, Suite 105  
Rock Hill, South Carolina 29732

Dear Dr. Lounsbury:

Thank you for your letter dated February 14, 2008 regarding issues you are having resolving billing issues with your medical claims.

We look forward to the opportunity to resolve any outstanding claims issues your practice is experiencing with South Carolina Medicaid. You have recently spoken with Ms. Valeria Williams, Division Director of Physician Services, related to your billing issues. My understanding is that Ms. Williams offered suggestions on ways to expedite reprocessing outstanding claims to determine how Medicaid adjudicated each claim. I would like to recommend a face-to-face meeting be scheduled with Ms. Valeria Williams, Division Director of Physician Services; Ms. Melanie Giese, Bureau Chief of Health Services; Mr. Kevin Rogers, Bureau Chief of Medicaid Systems Management; and Dr. Felicity Myers, Deputy Director of Medical Services. This will provide a forum for you to explain your situation with affected stakeholders and an agreement can be reached on possible recommendations. Please contact Marga Keller at 803-898-2501 if you would like to schedule this meeting.

Our Physician Services staff can also provide on-site educational training related to Medicaid billing. I would highly recommend scheduling this training as soon as possible.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/mrm



State of South Carolina  
Department of Health and Human Services

# 389

Mark Sanford  
Governor

Emma Forkner  
Director

February 8, 2008

Michael D. Lounsbury, M.D.  
Family Medicine and Psychiatry  
1420 Ebenezer Road, Suite 105  
Rock Hill, South Carolina 29732

Dear Dr. Lounsbury:

This letter is in response to your letter dated December 20, 2007 to Senator John McCain regarding billing issues you are experiencing with South Carolina Medicaid. As you recall, your letter refers to printing abnormalities that are causing your claims to be returned to you.

The South Carolina Department of Health and Human Services (SCDHHS) contracts with Blue Cross Blue Shield of South Carolina (BCBSSC) for claims data entry. BCBSSC utilizes high-speed imaging and Optical Recognition Software (OCR) for the entry and subsequent keying of both professional and hospital claims that have been filed with South Carolina Medicaid in hard copy format. We always work closely with BCBSSC to ensure fields and sections of these claim forms are captured and keyed appropriately. With the introduction of a new version of the professional claim form, the CMS 1500, additional fields are required due to National Drug Code (NDC) requirements. Due to these changes to the form, there has been an increase in forms returned to providers because of printer errors. In response to your letter, we will continue to work with BCBSSC to ensure these fields are being captured correctly and verify that forms are not being returned inappropriately.

Please be aware that SCDHHS offers electronic billing for providers, both in EDI format and through the use of a web claims billing software. Please visit the website listed at the end of this letter for information on those billing options. These forms not only offer options that may eliminate hard copy billing errors, but also allow for more expedited payment. These billing options are available at no cost to the provider.

<http://www.scdhshippaa.org/Internet/hrsm/mdc/medicaid.nsf/ca825c6d7b19d85c85256e6700528e cf/85256fd6004cb52185256e62006caba5?OpenDocument>

If you have any other questions, please contact your program representative.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner  
Director

EF/mrm

*Medicare SC*

Date	Charges	Payments	Credit	Debit	Write-off	Custom	InsPhos
8/1/2007	\$4,360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/1/2007	\$21,793.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$18,113.00	\$272.06	\$0.00	\$0.00	\$434.91	\$0.00	\$0.00
11/1/2007	\$29,267.00	\$9,928.73	\$85.00	\$0.00	\$15,916.07	\$0.00	\$0.00
12/1/2007	\$18,730.00	\$6,994.45	\$0.00	\$0.00	\$13,020.67	\$0.00	\$0.00
	\$88,763.00	\$17,457.05	\$85.00	\$0.00	\$28,375.76	\$109.01	\$0.00
	\$68,763.00	\$17,457.05	\$85.00	\$0.00	\$28,375.76	\$109.01	\$0.00
Carrier: NIPES-NIPRON LIFE INSURANCE CO. Count: 6							
Year: 2007 Count: 3							
10/1/2007	\$300.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$390.00	\$290.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/1/2007	\$400.00	\$90.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$1,280.00	\$390.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Carrier: PHYS. PHYSICIANS MUTUAL Count: 2							
Year: 2007 Count: 2							
9/1/2007	\$86.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$80.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$446.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Carrier: PRIM-PRIMARY CARE Count: 2							
Year: 2007 Count: 2							
10/1/2007	\$390.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/1/2007	\$8.00	\$100.00	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00
	\$390.00	\$190.00	\$0.00	\$0.00	\$230.00	\$0.00	\$0.00
Carrier: SOUTH-CARE Count: 1							
Year: 2007 Count: 1							
7/1/2007	\$216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

**ACTION REFERRAL**

<b>TO</b> <i>Miyas</i>	<b>DATE</b> <i>1-28-08</i>
---------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000389</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>2-4-08</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 2/8/08, letter attached,</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input 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.				



**RECEIVED**

JAN 25 2008

State of South Carolina  
Office of the Governor

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MARK SANFORD  
GOVERNOR

Post Office Box 12267  
COLUMBIA 29211

January 2, 2008

Dr. Michael Lounsbury  
c/o Michelle Granley  
Office of Senator John McCain  
5353 North 16<sup>th</sup> Street  
Suite 105  
Phoenix, Arizona 85016

*Log. Myers  
Apprv. Sign.*

Dear Michael,

Senator McCain was kind enough to forward your correspondence to my office. I have contacted the Department of Health and Human Services regarding this matter requesting they contact you directly. In the meantime, please contact Denise Riley in my office at 803-734-6419 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "MS/dr".

Mark Sanford

MS/dr

cc: Ms. Emma Forkner, Director  
South Carolina Department of Health and Human Services

JOHN MCCAIN  
ARIZONA

COMMITTEE ON ARMED SERVICES  
COMMITTEE ON COMMERCE,  
SCIENCE AND TRANSPORTATION  
COMMITTEE ON INDIAN AFFAIRS

## United States Senate

241 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510-0303  
(202) 224-2236

5353 NORTH 16TH STREET  
SUITE 105  
PHOENIX, AZ 85016  
(602) 952-2410

4703 SOUTH LAKESHORE DRIVE  
SUITE 1  
TEMPE, AZ 85282  
(480) 897-6289

407 WEST CONGRESS STREET  
SUITE 103  
TUCSON, AZ 85701  
(520) 670-6334

TELEPHONE FOR HEARING IMPAIRED  
(802) 952-0170

December 27, 2007

Mark Sanford  
Governor of South Carolina  
Office of the Governor  
P. O. Box 12267  
Columbia, SC 29211-2267

Dear Governor Sanford:

I wish to bring to your attention a matter concerning Dr. Michael Lounsbury, who has encountered a problem with receiving reimbursement for Medicaid claims. Please investigate my constituent's claim, within the existing rules, regulations and ethical guidelines, and provide me with a copy of the final decision. MARK ALL  
CORRESPONDENCE TO:

Attn: Michelle Gramley  
Office of Senator John McCain  
5353 N. 16th Street  
Suite 105  
Phoenix, Arizona 85016

The response you provide will be most appreciated and will be forwarded to my constituent. If you should have any questions in the meantime, you can reach my office at (602) 952-2410. I look forward to your reply at your earliest convenience.

Sincerely,



John McCain  
United States Senator

JM/xmg



Family Medicine and Psychiatry  
1420 Ebenezer Road Suite 105  
Rock Hill, SC. 29732  
803-324-7792

The Honorable Senator John McCain  
5353 North 16<sup>th</sup> St Suite 105  
Phoenix, AZ. 85016  
602-952-2410  
602-952-8702 fax

December 20, 2007

ATTN: MICHELLE

RE: Family Medicine and Psychiatry of the Carolinas At Rock Hill

Dear Senator McCain,

As you are aware, Michelle from your staff has been assisting our company with problems regarding Medicare, Medicaid and some private insurances. Today I received the most appalling letter yet from Cigna Government Services, which provides services on the behalf of Medicare for North Carolina. We are still owed an amount close to forty eight THOUSAND dollars, continue to see our Medicare patients in long term care facilities in North Carolina, and still have been unable to get through the application credentialing process. The letter received today included our FULL application back so now they have no documents, plus stopping our application process so they can start the 180 days clock over again for the FIFTH TIME.

The reason they give is basically we do not have an office location in North Carolina. We service FIVE facilities in North Carolina so one of them can at least be considered a location. The reason itself makes no sense. What they are saying is unless I have an office in North Carolina I cannot see and bill North Carolina Medicare patients. What if they came to our office in South Carolina?? In addition, they provide no way to get a hold of them by phone so you cannot truly reach them. This whole process with Cigna and others has been a complete childish game that will eventually put us out of business. Please do not allow them to continue this game with us. It is hurting many people including my employees. We are unable to pay most bills at this point because of the money back up. I appreciate anything you can do and know that you are working on these issues for us. On my end I continue to promote you within my circles as the next Presidential candidate. I firmly believe in your abilities just as I know you will help solve this with us.

My Sincerest Gratitude,

  
Michael D Lounsbury



CIGNA Government Services  
PO Box 25226  
Nashville, TN 37202-5226

December 18, 2007

FAMILY MEDICINE AND PSYCHIATRY OF THE CAROLINAS AT ROCK HILL PC  
Attn: MS. SERLESS NEWTON  
1420 EBENEZER RD STE 105  
ROCK HILL, SC 29732-2774

RE: MS. SHENEQUE M. WHITE

Dear MS. SERLESS NEWTON:

CIGNA Government Services (CGS) Provider Enrollment department has reviewed your application and it has been determined that it cannot be processed at this time. Therefore, your original application is being returned to you. CGS did not retain a copy of your application. The application is being returned to you for the following reason(s):

- This physical location of business does not fall within our jurisdiction. Please forward your application to the appropriate carrier.

If you wish to reapply, you will need to submit the application per the above directions, along with a new certification and/or authorization statement. Please complete every field in the certification statement or indicate N/A if not applicable. To access the most current version of the CMS-855 applications, please visit the CMS website at <http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp>.

If you submit another application, please be sure it is complete, accurate and includes all required attachments as noted in the application instructions. Applications that are received complete and accurate are processed timely. However, processing is delayed for incomplete or inaccurate applications. CMS allows us up to 180 days to process incomplete or inaccurate applications. If you need additional information regarding the enrollment process, please visit our website at [cigna.gov/entitlementservices.com](http://cigna.gov/entitlementservices.com) and select Provider Enrollment Information.

Sincerely,

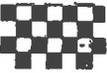
Provider Enrollment

Reference Number 367010

PE2-009/RIK

Confidential, unpublished property of CIGNA  
Do not duplicate or distribute  
Use and distribution limited solely to authorized personnel.  
©2007 CIGNA

Page 1 of 1



Michael Lounsbury  
Family Medicine and Psychiatry of the Carolinas at Rock Hill, PC  
1420 Ebenezer Road Suite 105  
Rock Hill, SC. 29732  
803-981-4799 cell  
803-981-7792 fax

The Honorable Senator John McCain  
5353 North 16<sup>th</sup> Street  
Phoenix, AZ. 85016  
602-952-2410 office  
602-952-8702 cell

December 17, 2007

Attention-Michelle

Dear Sir,  
Please allow me to first compliment your staff. Every Government issue I have brought to your attention has been handled in a thorough and polite manner. I feel confident when I bring an important stressing matter to your attention it will be resolved. I am praying for your success in this Presidential election.

The current matter at hand is my lack of ability to collect funds from insurance companies. I have already submitted a huge amount of information but I have narrowed our scope to our four largest outliers. I am including with this letter a computer printout of all monies due to us broken down by insurance company. As you can see, Blue Cross/Blue Shield, Cigna, Medicaid South Carolina, and Medicare South Carolinas AKA Palmetto GBA owe us the most. To this day we have eight thousand dollars in our account with payroll on Friday taking another 7500.00 of that. This leaves us with virtually no operating funds until we see money from these companies. The total amount owed to us is a staggering 184,199.00. Out of that, Insurances with reimburse us 60 percent of that figure if we are lucky.

I am also including a copy of a recent reject from South Carolina Medicaid in which the rejection was for printer abnormalities. As you can see this is totally subjective and can be abused by personnel less than motivated to do their jobs. The amount that my printer is off is pitiful. This is dated 12/6/07.

I have also discovered this morning that we are missing close to fifty thousand dollars in claims to Medicare. It is showing on our AR, and was with Medicare previously but it has magically disappeared. We are hoping that this money has been moved and will be paid. Presently Medicare is showing \$2,449.65 on account 8746 which was recently created by Medicare for Family Medicine. Previously, we used account 8086 which did have the large sums of money on it. This is very scary for us wondering if we will ever receive our money and if we will even survive.

At this point I just want to save our business. I hope the information I am providing is of help. Your assistance is priceless and we cannot thank you enough.

Sincerely,

  
Michael D. Lounsbury  
803-981-4799



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Fekkar  
Director

Date:

1/16/07

Dear South Carolina Medicaid Provider:

Effective January 1, 2007, South Carolina Department of Health and Human Services (SCDHHS) began accepting the revised version of the CMS-1500 claim form to accept the National Provider Identifier (NPI). The use of the revised form is mandatory for providers filing claims with National Drug Code (NDC) information. The revised CMS-1500 claim form is optional for use by all other providers through May 31, 2007. Beginning June 1, 2007 it is mandatory for all providers to use the revised CMS-1500 format. The "old" version of the form is no longer be accepted.

We review all claims to assure certain standards are met in processing South Carolina Medicaid claims. We must return the enclosed claims because they were filed incorrectly. The claims cannot be processed for the reason(s) listed below:

- Submitted revised CMS-1500 claim form without the qualifier – 1D (one D) in front of the legacy number in field 33b shaded.
- Submitted revised CMS-1500 claim form with a taxonomy code in field 33b – but without the NPI number in field 33a. NPI number must be 10 digits and in field 33a.
- Submitted revised CMS-1500 claim form with NPI and Taxonomy. Taxonomy must include the qualifier ZZ and the 10-digit taxonomy code ending in "X" in field 33b.
- Submitted revised CMS1500 claim form without a 10 digit NPI number in block 33a.
- Submitted revised CMS-1500 claim form with Date of Service (field 24A-J) line information in shaded area. DOS line information must appear in the unshaded area.
- Submitted claims information must fall inside the designated blocks. Check alignment of claim information in Block # \_\_\_\_\_ or the Entire claim.
- Submitted a claim with "no line information" on the claim to represent billed charges. (Date of Service, Procedure Code, or Charges)
- Submitted revised CMS-1500 claim form without the six-character legacy number in field 33b, must be in field 33b shaded and have the qualifier 1D (one D) in front of the six-character legacy number.
- Submitted claims are not legible for processing because of the following:
  - Background is too dark
  - Character is not clearly written
  - Data too light to microfilm
- Other: \_\_\_\_\_

To review South Carolina Medicaid bulletins about the revised CMS-1500, NPI and NDC, visit [www.scdhhs.gov](http://www.scdhhs.gov).

To enroll in a provider outreach CMS-1500/NDC/NPI workshop, visit [www.scm Medicaidprovider.org](http://www.scm Medicaidprovider.org).  
If you have any questions about this letter, please call South Carolina Medicaid Provider Outreach at 1-803-264-9609.

M

**HEALTH INSURANCE CLAIM FORM**  
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 0805

MEDICAID SC  
 POB 1458  
 COLUMBIA SC 29202

*Corrected claim*

1. MEDICARE  MEDICAID  TRICARE  CHAMPVA  GROUP HEALTH PLAN  FECA  OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **JOHANSON, KARENNE** (For Program in Item 1)

3. PATIENT'S ADDRESS (City, State, ZIP Code) **902 PARDOE ST**

4. INSURER'S NAME (Last Name, First Name, Middle Initial) **GENCASTER**

5. INSURER'S ADDRESS (City, State, ZIP Code) **902 PARDOE ST**

6. PATIENT'S BIRTH DATE **07 11 2007**

7. INSURER'S ADDRESS (No. Street) **GENCASTER**

8. PATIENT RELATIONSHIP TO INSURED  
 Self  Spouse  Child  Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) **GENCASTER**

10. IS PATIENT'S CONDITION RELATED TO:  
 Employment  Full-Time  Part-Time   
 Student  Student

11. INSURER'S POLICY OR GROUP NUMBER **29720**

12. PATIENTS OR AUTHORIZED PERSONS SIGNATURE (Authorized to process the claim. I have received payment of government benefits either to myself or to the party who accepts assignment below.)  
**SIGNATURE ON FILE** DATE **07 11 2007**

13. INSURER'S DATE OF BIRTH **MM DD YY**

14. DATE OF QUERYP: **MM DD YY** ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(PLMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE **MM DD YY**

16. DATES PATIENT INVALE TO WORK IN CURRENT OCCUPATION FROM **MM DD YY** TO **MM DD YY**

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE **17a. NPI**

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM **MM DD YY** TO **MM DD YY**

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB?  YES  NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Include items 1, 2, 3 or 4 to Item 21e by Line)  
**313 89** **V65 2**

22. MEDICAID RESUBMISSION ORIGINAL REF. NO. **070807**

23. PRIOR AUTHORIZATION NUMBER

24. PROVIDER INFORMATION

25. PROVIDER'S NAME (Last Name, First Name, Middle Initial) **JOHN ROO1**

26. PATIENT'S ACCOUNT NO. **4759**

27. ACCEPT ASSIGNMENT?  YES  NO

28. SERVICE FACILITY LOCATION INFORMATION **PSYCHIATRIC MEDICINE**

29. TOTAL CHARGE **250.00**

30. AMOUNT PAID **NO REVENUE ID**

31. BALANCE DUE **1801876446**

32. KILLING PROVIDER INFO & PH # **803 3247792**

33. PROVIDER'S ADDRESS (City, State, ZIP Code) **1420 EBENEZER RD ROCKHILL SC 29732**

34. PROVIDER'S PHONE (Area Code) **803 3247792**

35. PROVIDER'S FAX (Area Code) **803 3247792**

36. PROVIDER'S NPI **1801876446**

37. PROVIDER'S TAX ID NUMBER **07 11 2007**

38. PROVIDER'S SSN **1801876446**

39. PROVIDER'S STATE **SC**

40. PROVIDER'S COUNTY **ROCKHILL**

41. PROVIDER'S CITY **ROCKHILL**

42. PROVIDER'S ZIP CODE **29732**

43. PROVIDER'S PHONE (Area Code) **803**

44. PROVIDER'S FAX (Area Code) **803**

45. PROVIDER'S NPI **1801876446**

46. PROVIDER'S TAX ID NUMBER **07 11 2007**

47. PROVIDER'S SSN **1801876446**

48. PROVIDER'S STATE **SC**

49. PROVIDER'S COUNTY **ROCKHILL**

50. PROVIDER'S CITY **ROCKHILL**

51. PROVIDER'S ZIP CODE **29732**

52. PROVIDER'S PHONE (Area Code) **803**

53. PROVIDER'S FAX (Area Code) **803**

54. PROVIDER'S NPI **1801876446**

55. PROVIDER'S TAX ID NUMBER **07 11 2007**

56. PROVIDER'S SSN **1801876446**

57. PROVIDER'S STATE **SC**

58. PROVIDER'S COUNTY **ROCKHILL**

59. PROVIDER'S CITY **ROCKHILL**

60. PROVIDER'S ZIP CODE **29732**

61. PROVIDER'S PHONE (Area Code) **803**

62. PROVIDER'S FAX (Area Code) **803**

63. PROVIDER'S NPI **1801876446**

64. PROVIDER'S TAX ID NUMBER **07 11 2007**

65. PROVIDER'S SSN **1801876446**

66. PROVIDER'S STATE **SC**

67. PROVIDER'S COUNTY **ROCKHILL**

68. PROVIDER'S CITY **ROCKHILL**

69. PROVIDER'S ZIP CODE **29732**

70. PROVIDER'S PHONE (Area Code) **803**

71. PROVIDER'S FAX (Area Code) **803**

72. PROVIDER'S NPI **1801876446**

73. PROVIDER'S TAX ID NUMBER **07 11 2007**

74. PROVIDER'S SSN **1801876446**

75. PROVIDER'S STATE **SC**

76. PROVIDER'S COUNTY **ROCKHILL**

77. PROVIDER'S CITY **ROCKHILL**

78. PROVIDER'S ZIP CODE **29732**

79. PROVIDER'S PHONE (Area Code) **803**

80. PROVIDER'S FAX (Area Code) **803**

81. PROVIDER'S NPI **1801876446**

82. PROVIDER'S TAX ID NUMBER **07 11 2007**

83. PROVIDER'S SSN **1801876446**

84. PROVIDER'S STATE **SC**

85. PROVIDER'S COUNTY **ROCKHILL**

86. PROVIDER'S CITY **ROCKHILL**

87. PROVIDER'S ZIP CODE **29732**

88. PROVIDER'S PHONE (Area Code) **803**

89. PROVIDER'S FAX (Area Code) **803**

90. PROVIDER'S NPI **1801876446**

91. PROVIDER'S TAX ID NUMBER **07 11 2007**

92. PROVIDER'S SSN **1801876446**

93. PROVIDER'S STATE **SC**

94. PROVIDER'S COUNTY **ROCKHILL**

95. PROVIDER'S CITY **ROCKHILL**

96. PROVIDER'S ZIP CODE **29732**

97. PROVIDER'S PHONE (Area Code) **803**

98. PROVIDER'S FAX (Area Code) **803**

99. PROVIDER'S NPI **1801876446**

100. PROVIDER'S TAX ID NUMBER **07 11 2007**

101. PROVIDER'S SSN **1801876446**

102. PROVIDER'S STATE **SC**

103. PROVIDER'S COUNTY **ROCKHILL**

104. PROVIDER'S CITY **ROCKHILL**

105. PROVIDER'S ZIP CODE **29732**

106. PROVIDER'S PHONE (Area Code) **803**

107. PROVIDER'S FAX (Area Code) **803**

108. PROVIDER'S NPI **1801876446**

109. PROVIDER'S TAX ID NUMBER **07 11 2007**

110. PROVIDER'S SSN **1801876446**

111. PROVIDER'S STATE **SC**

112. PROVIDER'S COUNTY **ROCKHILL**

113. PROVIDER'S CITY **ROCKHILL**

114. PROVIDER'S ZIP CODE **29732**

115. PROVIDER'S PHONE (Area Code) **803**

116. PROVIDER'S FAX (Area Code) **803**

117. PROVIDER'S NPI **1801876446**

118. PROVIDER'S TAX ID NUMBER **07 11 2007**

119. PROVIDER'S SSN **1801876446**

120. PROVIDER'S STATE **SC**

121. PROVIDER'S COUNTY **ROCKHILL**

122. PROVIDER'S CITY **ROCKHILL**

123. PROVIDER'S ZIP CODE **29732**

124. PROVIDER'S PHONE (Area Code) **803**

125. PROVIDER'S FAX (Area Code) **803**

126. PROVIDER'S NPI **1801876446**

127. PROVIDER'S TAX ID NUMBER **07 11 2007**

128. PROVIDER'S SSN **1801876446**

129. PROVIDER'S STATE **SC**

130. PROVIDER'S COUNTY **ROCKHILL**

131. PROVIDER'S CITY **ROCKHILL**

132. PROVIDER'S ZIP CODE **29732**

133. PROVIDER'S PHONE (Area Code) **803**

134. PROVIDER'S FAX (Area Code) **803**

135. PROVIDER'S NPI **1801876446**

136. PROVIDER'S TAX ID NUMBER **07 11 2007**

137. PROVIDER'S SSN **1801876446**

138. PROVIDER'S STATE **SC**

139. PROVIDER'S COUNTY **ROCKHILL**

140. PROVIDER'S CITY **ROCKHILL**

141. PROVIDER'S ZIP CODE **29732**

142. PROVIDER'S PHONE (Area Code) **803**

143. PROVIDER'S FAX (Area Code) **803**

144. PROVIDER'S NPI **1801876446**

145. PROVIDER'S TAX ID NUMBER **07 11 2007**

146. PROVIDER'S SSN **1801876446**

147. PROVIDER'S STATE **SC**

148. PROVIDER'S COUNTY **ROCKHILL**

149. PROVIDER'S CITY **ROCKHILL**

150. PROVIDER'S ZIP CODE **29732**

151. PROVIDER'S PHONE (Area Code) **803**

152. PROVIDER'S FAX (Area Code) **803**

153. PROVIDER'S NPI **1801876446**

154. PROVIDER'S TAX ID NUMBER **07 11 2007**

155. PROVIDER'S SSN **1801876446**

156. PROVIDER'S STATE **SC**

157. PROVIDER'S COUNTY **ROCKHILL**

158. PROVIDER'S CITY **ROCKHILL**

159. PROVIDER'S ZIP CODE **29732**

160. PROVIDER'S PHONE (Area Code) **803**

161. PROVIDER'S FAX (Area Code) **803**

162. PROVIDER'S NPI **1801876446**

163. PROVIDER'S TAX ID NUMBER **07 11 2007**

164. PROVIDER'S SSN **1801876446**

165. PROVIDER'S STATE **SC**

166. PROVIDER'S COUNTY **ROCKHILL**

167. PROVIDER'S CITY **ROCKHILL**

168. PROVIDER'S ZIP CODE **29732**

169. PROVIDER'S PHONE (Area Code) **803**

170. PROVIDER'S FAX (Area Code) **803**

171. PROVIDER'S NPI **1801876446**

172. PROVIDER'S TAX ID NUMBER **07 11 2007**

173. PROVIDER'S SSN **1801876446**

174. PROVIDER'S STATE **SC**

175. PROVIDER'S COUNTY **ROCKHILL**

176. PROVIDER'S CITY **ROCKHILL**

177. PROVIDER'S ZIP CODE **29732**

178. PROVIDER'S PHONE (Area Code) **803**

179. PROVIDER'S FAX (Area Code) **803**

180. PROVIDER'S NPI **1801876446**

181. PROVIDER'S TAX ID NUMBER **07 11 2007**

182. PROVIDER'S SSN **1801876446**

183. PROVIDER'S STATE **SC**

184. PROVIDER'S COUNTY **ROCKHILL**

185. PROVIDER'S CITY **ROCKHILL**

186. PROVIDER'S ZIP CODE **29732**

187. PROVIDER'S PHONE (Area Code) **803**

188. PROVIDER'S FAX (Area Code) **803**

189. PROVIDER'S NPI **1801876446**

190. PROVIDER'S TAX ID NUMBER **07 11 2007**

191. PROVIDER'S SSN **1801876446**

192. PROVIDER'S STATE **SC**

193. PROVIDER'S COUNTY **ROCKHILL**

194. PROVIDER'S CITY **ROCKHILL**

195. PROVIDER'S ZIP CODE **29732**

196. PROVIDER'S PHONE (Area Code) **803**

197. PROVIDER'S FAX (Area Code) **803**

198. PROVIDER'S NPI **1801876446**

199. PROVIDER'S TAX ID NUMBER **07 11 2007**

200. PROVIDER'S SSN **1801876446**

201. PROVIDER'S STATE **SC**

202. PROVIDER'S COUNTY **ROCKHILL**

203. PROVIDER'S CITY **ROCKHILL**

204. PROVIDER'S ZIP CODE **29732**

205. PROVIDER'S PHONE (Area Code) **803**

206. PROVIDER'S FAX (Area Code) **803**

207. PROVIDER'S NPI **1801876446**

208. PROVIDER'S TAX ID NUMBER **07 11 2007**

209. PROVIDER'S SSN **1801876446**

210. PROVIDER'S STATE **SC**

211. PROVIDER'S COUNTY **ROCKHILL**

212. PROVIDER'S CITY **ROCKHILL**

213. PROVIDER'S ZIP CODE **29732**

214. PROVIDER'S PHONE (Area Code) **803**

215. PROVIDER'S FAX (Area Code) **803**

216. PROVIDER'S NPI **1801876446**

217. PROVIDER'S TAX ID NUMBER **07 11 2007**

218. PROVIDER'S SSN **1801876446**

219. PROVIDER'S STATE **SC**

220. PROVIDER'S COUNTY **ROCKHILL**

221. PROVIDER'S CITY **ROCKHILL**

222. PROVIDER'S ZIP CODE **29732**

223. PROVIDER'S PHONE (Area Code) **803**

224. PROVIDER'S FAX (Area Code) **803**

225. PROVIDER'S NPI **1801876446**

226. PROVIDER'S TAX ID NUMBER **07 11 2007**

227. PROVIDER'S SSN **1801876446**

228. PROVIDER'S STATE **SC**

229. PROVIDER'S COUNTY **ROCKHILL**

230. PROVIDER'S CITY **ROCKHILL**

231. PROVIDER'S ZIP CODE **29732**

232. PROVIDER'S PHONE (Area Code) **803**

233. PROVIDER'S FAX (Area Code) **803**

234. PROVIDER'S NPI **1801876446**

235. PROVIDER'S TAX ID NUMBER **07 11 2007**

236. PROVIDER'S SSN **1801876446**

237. PROVIDER'S STATE **SC**

238. PROVIDER'S COUNTY **ROCKHILL**

239. PROVIDER'S CITY **ROCKHILL**

240. PROVIDER'S ZIP CODE **29732**

241. PROVIDER'S PHONE (Area Code) **803**

242. PROVIDER'S FAX (Area Code) **803**

243. PROVIDER'S NPI **1801876446**

244. PROVIDER'S TAX ID NUMBER **07 11 2007**

245. PROVIDER'S SSN **1801876446**

246. PROVIDER'S STATE **SC**

247. PROVIDER'S COUNTY **ROCKHILL**

248. PROVIDER'S CITY **ROCKHILL**

249. PROVIDER'S ZIP CODE **29732**

250. PROVIDER'S PHONE (Area Code) **803**

251. PROVIDER'S FAX (Area Code) **803**

252. PROVIDER'S NPI **1801876446**

253. PROVIDER'S TAX ID NUMBER **07 11 2007**

254. PROVIDER'S SSN **1801876446**

255. PROVIDER'S STATE **SC**

256. PROVIDER'S COUNTY **ROCKHILL**

257. PROVIDER'S CITY **ROCKHILL**

258. PROVIDER'S ZIP CODE **29732**

259. PROVIDER'S PHONE (Area Code) **803**

260. PROVIDER'S FAX (Area Code) **803**

261. PROVIDER'S NPI **1801876446**

262. PROVIDER'S TAX ID NUMBER **07 11 2007**

263. PROVIDER'S SSN **1801876446**

264. PROVIDER'S STATE **SC**

265. PROVIDER'S COUNTY **ROCKHILL**

266. PROVIDER'S CITY **ROCKHILL**

267. PROVIDER'S ZIP CODE **29732**

268. PROVIDER'S PHONE (Area Code) **803**

269. PROVIDER'S FAX (Area Code) **803**

270. PROVIDER'S NPI **1801876446**

271. PROVIDER'S TAX ID NUMBER **07 11 2007**

272. PROVIDER'S SSN **1801876446**

273. PROVIDER'S STATE **SC**

274. PROVIDER'S COUNTY **ROCKHILL**

275. PROVIDER'S CITY **ROCKHILL**

276. PROVIDER'S ZIP CODE **29732**

277. PROVIDER'S PHONE (Area Code) **803**

278. PROVIDER'S FAX (Area Code) **803**

279. PROVIDER'S NPI **1801876446**

280. PROVIDER'S TAX ID NUMBER **07 11 2007**

281. PROVIDER'S SSN **1801876446**

282. PROVIDER'S STATE **SC**

283. PROVIDER'S COUNTY **ROCKHILL**

284. PROVIDER'S CITY **ROCKHILL**

285. PROVIDER'S ZIP CODE **29732**

286. PROVIDER'S PHONE (Area Code) **803**

287. PROVIDER'S FAX (Area Code) **803**

288. PROVIDER'S NPI **1801876446**

289. PROVIDER'S TAX ID NUMBER **07 11 2007**

290. PROVIDER'S SSN **1801876446**

291. PROVIDER'S STATE **SC**

292. PROVIDER'S COUNTY **ROCKHILL**

293. PROVIDER'S CITY **ROCKHILL**

294. PROVIDER'S ZIP CODE **29732**

295. PROVIDER'S PHONE (Area Code) **803**

296. PROVIDER'S FAX (Area Code) **803**

297. PROVIDER'S NPI **1801876446**

298. PROVIDER'S TAX ID NUMBER **07 11 2007**

299. PROVIDER'S SSN **1801876446**

300. PROVIDER'S STATE **SC**

301. PROVIDER'S COUNTY **ROCKHILL**

302. PROVIDER'S CITY **ROCKHILL**

303. PROVIDER'S ZIP CODE **29732**

304. PROVIDER'S PHONE (Area Code) **803**

305. PROVIDER'S FAX (Area Code) **803**

306. PROVIDER'S NPI **1801876446**

307. PROVIDER'S TAX ID NUMBER **07 11 2007**

308. PROVIDER'S SSN **1801876446**

309. PROVIDER'S STATE **SC**

310. PROVIDER'S COUNTY **ROCKHILL**

311. PROVIDER'S CITY **ROCKHILL**

312. PROVIDER'S ZIP CODE **29732**

313. PROVIDER'S PHONE (Area Code) **803**

314. PROVIDER'S FAX (Area Code) **803**

315. PROVIDER'S NPI **1801876446**

316. PROVIDER'S TAX ID NUMBER **07 11 2007**

317. PROVIDER'S SSN **1801876446**

318. PROVIDER'S STATE **SC**

319. PROVIDER'S COUNTY **ROCKHILL**

320. PROVIDER'S CITY **ROCKHILL**

321. PROVIDER'S ZIP CODE **29732**

322. PROVIDER'S PHONE (Area Code) **803**

323. PROVIDER'S FAX (Area Code) **803**

324. PROVIDER'S NPI **1801876446**

325. PROVIDER'S TAX ID NUMBER **07 11 2007**

326. PROVIDER'S SSN **1801876446**

327. PROVIDER'S STATE **SC**

328. PROVIDER'S COUNTY **ROCKHILL**

329. PROVIDER'S CITY **ROCKHILL**

330. PROVIDER'S ZIP CODE **29732**

331. PROVIDER'S PHONE (Area Code) **803**

332. PROVIDER'S FAX (Area Code) **803**

333. PROVIDER'S NPI **1801876446**

334. PROVIDER'S TAX ID NUMBER **07 11 2007**

335. PROVIDER'S SSN **1801876446**

336. PROVIDER'S STATE **SC**

337. PROVIDER'S COUNTY **ROCKHILL**

338. PROVIDER'S CITY **ROCKHILL**

339. PROVIDER'S ZIP CODE **29732**

340. PROVIDER'S PHONE (Area Code) **803**

341. PROVIDER'S FAX (Area Code) **803**

342. PROVIDER'S NPI **1801876446**

343. PROVIDER'S TAX ID NUMBER **07 11 2007**

344. PROVIDER'S SSN **1801876446**

345. PROVIDER'S STATE **SC**

346. PROVIDER'S COUNTY **ROCKHILL**

347. PROVIDER'S CITY **ROCKHILL**

348. PROVIDER'S ZIP CODE **29732**

349. PROVIDER'S PHONE (Area Code) **803**

350. PROVIDER'S FAX (Area Code) **803**

351. PROVIDER'S NPI **1801876446**

352. PROVIDER'S TAX ID NUMBER **07 11 2007**

353. PROVIDER'S SSN **1801876446**

354. PROVIDER'S STATE **SC**

355. PROVIDER'S COUNTY **ROCKHILL**

356. PROVIDER'S CITY **ROCKHILL**

357. PROVIDER'S ZIP CODE **29732**

358. PROVIDER'S PHONE (Area Code) **803**

359. PROVIDER'S FAX (Area Code) **803**

360. PROVIDER'S NPI **1801876446**

361. PROVIDER'S TAX ID NUMBER **07 11 2007**

362. PROVIDER'S SSN **1801876446**

363. PROVIDER'S STATE **SC**

364. PROVIDER'S COUNTY **ROCKHILL**

365. PROVIDER'S CITY **ROCKHILL**

366. PROVIDER'S ZIP CODE **29732**

367. PROVIDER'S PHONE (Area Code) **803**

368. PROVIDER'S FAX (Area Code) **803**

369. PROVIDER'S NPI **1801876446**

370. PROVIDER'S TAX ID NUMBER **07 11 2007**

371. PROVIDER'S SSN **1801876446**

372. PROVIDER'S STATE **SC**

373. PROVIDER'S COUNTY **ROCKHILL**

374. PROVIDER'S CITY **ROCKHILL**

375. PROVIDER'S ZIP CODE **29732**

376. PROVIDER'S PHONE (Area Code) **803**

377. PROVIDER'S FAX (Area Code) **803**

378. PROVIDER'S NPI **1801876446**

379. PROVIDER'S TAX ID NUMBER **07 11 2007**

380. PROVIDER'S SSN **1801876446**

381. PROVIDER'S STATE **SC**

382. PROVIDER'S COUNTY **ROCKHILL**

383. PROVIDER'S CITY **ROCKHILL**

384. PROVIDER'S ZIP CODE **29732**

385. PROVIDER'S PHONE (Area Code) **803**

386. PROVIDER'S FAX (Area Code) **803**

387. PROVIDER'S NPI **1801876446**

388. PROVIDER'S TAX ID NUMBER **07 11 2007**

389. PROVIDER'S SSN **1801876446**

390. PROVIDER'S STATE **SC**

391. PROVIDER'S COUNTY **ROCKHILL**

392. PROVIDER'S CITY **ROCKHILL**

393. PROVIDER'S ZIP CODE **29732**

394. PROVIDER'S PHONE (Area Code) **803**

395. PROVIDER'S FAX (Area Code) **803**

396. PROVIDER'S NPI **1801876446**

397. PROVIDER'S TAX ID NUMBER **07 11 2007**

398. PROVIDER'S SSN **1801876446**

399. PROVIDER'S STATE **SC**

400. PROVIDER'S COUNTY **ROCKHILL**

401. PROVIDER'S CITY **ROCKHILL**

402. PROVIDER'S ZIP CODE **29732**

403. PROVIDER'S PHONE (Area Code) **803**

404. PROVIDER'S FAX (Area Code) **803**

405. PROVIDER'S NPI **1801876446**

406. PROVIDER'S TAX ID NUMBER **07 11 2007**

407. PROVIDER'S SSN **1801876446**

408. PROVIDER'S STATE **SC**

409. PROVIDER'S COUNTY **ROCKHILL**

410. PROVIDER'S CITY **ROCKHILL**

411. PROVIDER'S ZIP CODE **29732**

412. PROVIDER'S PHONE (Area Code) **803**

413. PROVIDER'S FAX (Area Code) **803**

414. PROVIDER'S NPI **1801876446**

415. PROVIDER'S TAX ID NUMBER **07 11 2007**

416. PROVIDER'S SSN **1801876446**

417. PROVIDER'S STATE **SC**

418. PROVIDER'S COUNTY **ROCKHILL**

419. PROVIDER'S CITY **ROCKHILL**

420. PROVIDER'S ZIP CODE **29732**

421. PROVIDER'S PHONE (Area Code) **803**

422. PROVIDER'S FAX (Area Code) **803**

423. PROVIDER'S NPI **1801876446**

424. PROVIDER'S TAX ID NUMBER **07 11 2007**

425. PROVIDER'S SSN **1801876446**

426. PROVIDER'S STATE **SC**

427. PROVIDER'S COUNTY **ROCKHILL**

428. PROVIDER'S CITY **ROCKHILL**

429. PROVIDER'S ZIP CODE **29732**

430. PROVIDER'S PHONE (Area Code) **803**

431. PROVIDER'S FAX (Area Code) **803**

432. PROVIDER'S NPI **1801876446**

433. PROVIDER'S TAX ID NUMBER **07 11 2007**

434. PROVIDER'S SSN **1801876446**

435. PROVIDER'S STATE **SC**

436. PROVIDER'S COUNTY **ROCKHILL**

437. PROVIDER'S CITY **ROCKHILL**

438. PROVIDER'S ZIP CODE **29732**

439. PROVIDER'S PHONE (Area Code) **803**

440. PROVIDER'S FAX (Area Code) **803**

441. PROVIDER'S NPI **1801876446**

442. PROVIDER'S TAX ID NUMBER **07 11 2007**

443. PROVIDER'S SSN **1801876446**

444. PROVIDER'S STATE **SC**

445. PROVIDER'S COUNTY **ROCKHILL**

446. PROVIDER'S CITY **ROCKHILL**

447. PROVIDER'S ZIP CODE **29732**

448. PROVIDER'S PHONE (Area Code) **803**

449. PROVIDER'S FAX (Area Code) **803**

450. PROVIDER'S NPI **1801876446**

451. PROVIDER'S TAX ID NUMBER **07 11 2007**

452. PROVIDER'S SSN **1801876446**

453. PROVIDER'S STATE **SC**

454. PROVIDER'S COUNTY **ROCKHILL**

455. PROVIDER'S CITY **ROCKHILL**

456. PROVIDER'S ZIP CODE **29732**

457. PROVIDER'S PHONE (Area Code) **803**

458. PROVIDER'S FAX (Area Code) **803**

459. PROVIDER'S NPI **1**

- Blue Cross / Blue Shield South Carolina \$46,688.00
- Cigna \$17,605.00
- Medicaid SC \$48,730.40
- Medicare SC \$88,763.00

---

\$184,199.00

Outstanding  
to be paid  
to us.

Date	Charges	Payments	Credit	Debit	Write-off	Custiam	Ins-Phone
<b>Carrier: AETN - AETNA Count: 2</b>							
<b>Year: 2007 - Count: 2</b>							
10/1/2007	\$2,079.00	\$216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$0.00	\$836.00	\$0.00	\$0.00	\$54.00	\$0.00	\$0.00
12/1/2007	\$180.00	\$286.20	\$0.00	\$0.00	\$120.00	\$0.00	\$0.00
	\$2,639.00	\$1,338.20	\$0.00	\$0.00	\$174.00	\$0.00	\$0.00
	\$2,639.00	\$1,338.20	\$0.00	\$0.00	\$174.00	\$0.00	\$0.00
<b>Carrier: APS - APS HEALTHCARE Count: 5</b>							
<b>Year: 2007 - Count: 5</b>							
8/1/2007	\$280.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/1/2007	\$1,665.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$7.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$1,390.00	\$859.26	\$85.00	\$0.00	\$1,195.64	\$0.00	\$0.00
12/1/2007	\$810.00	\$274.00	\$0.00	\$0.00	\$488.96	\$0.00	\$0.00
	\$5,890.00	\$1,224.16	\$85.00	\$0.00	\$1,981.96	\$0.00	\$0.00
	\$5,890.00	\$1,224.16	\$85.00	\$0.00	\$1,981.96	\$0.00	\$0.00
<b>Carrier: BCB2 - BCBNC Count: 1</b>							
<b>Year: 2007 - Count: 1</b>							
7/1/2007	\$285.00	\$180.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8/1/2007	\$805.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/1/2007	\$8,995.00	\$108.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$1,956.00	\$1,633.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00
11/1/2007	\$9,148.00	\$4,143.99	\$0.00	\$0.00	\$4,380.69	\$0.00	\$0.00
12/1/2007	\$1,889.00	\$3,825.33	\$0.00	\$0.00	\$3,970.03	\$0.00	\$0.00
	\$46,988.00	\$9,880.94	\$0.00	\$0.00	\$8,981.32	\$0.00	\$0.00
	\$46,988.00	\$9,880.94	\$0.00	\$0.00	\$8,981.32	\$0.00	\$0.00

*Blue Cross / Blue Shield / Blue Cross / Blue Shield*  
*Blue Cross / Blue Shield*  
*Blue Cross / Blue Shield*  
*Blue Cross / Blue Shield*

Date	Charges	Payments	Credit	Debit	Write-off	Custom	Line Items
<b>Year: 2007 - Count: 4</b>							
9/1/2007	\$500.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$130.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$270.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/1/2007	\$480.00	\$160.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00
	\$1,380.00	\$200.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00
	\$1,380.00	\$200.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00
<b>Year: 2007 - Count: 4</b>							
9/1/2007	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$2,338.00	\$320.00	\$0.00	\$0.00	\$179.00	\$0.00	\$0.00
11/1/2007	\$730.00	\$115.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/1/2007	\$1,466.00	\$295.50	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00
	\$4,912.00	\$740.50	\$0.00	\$0.00	\$479.00	\$0.00	\$0.00
	\$4,912.00	\$740.50	\$0.00	\$0.00	\$479.00	\$0.00	\$0.00
<b>Year: 2007 - Count: 4</b>							
9/1/2007	\$1,390.00	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$4,342.00	\$791.00	\$0.00	\$0.00	\$709.00	\$0.00	\$0.00
11/1/2007	\$903.00	\$21.00	\$0.00	\$0.00	\$1,082.00	\$0.00	\$0.00
12/1/2007	\$2,405.00	\$742.00	\$0.00	\$0.00	\$721.00	\$0.00	\$0.00
	\$9,090.00	\$2,605.00	\$0.00	\$0.00	\$2,512.00	\$0.00	\$0.00
	\$9,090.00	\$2,605.00	\$0.00	\$0.00	\$2,512.00	\$0.00	\$0.00
<b>Year: 2007 - Count: 2</b>							
9/1/2007	\$130.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$130.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$260.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$260.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Year: 2007 - Count: 4</b>							

CIGNA BH

9,090.00  
 + 8,515.00

17,605.00 - CIGNA  
 Alone

- Blue C  
 - CIGNA  
 - medic  
 - me

Listing for: Insurance Financials(DOE)

Date	Charges	Payments	Credit	Debit	Write-off	Custom	Inst	Endue
Carrier: COMF - GOMPSYGH Count: 4								
Year: 2007 Count: 4								
9/12/2007	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$360.00	\$72.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$260.00	\$120.00	\$0.00	\$0.00	\$26.00	\$0.00	\$0.00	
12/1/2007	\$130.00	\$74.00	\$0.00	\$0.00	\$96.00	\$0.00	\$0.00	
Year: 2007 Count: 4								
9/12/2007	\$0.00	\$36.00	\$0.00	\$0.00	\$36.00	\$0.00	\$0.00	
10/1/2007	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
11/1/2007	\$270.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
12/1/2007	\$130.00	\$189.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Year: 2007 Count: 3								
9/12/2007	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10/1/2007	\$910.00	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DEPART.M...
11/1/2007	\$260.00	\$198.00	\$0.00	\$0.00	\$12.00	\$0.00	\$0.00	DEPART.M...
12/1/2007	\$0.00	\$208.00	\$0.00	\$0.00	\$146.00	\$0.00	\$0.00	DEPART.M...
Year: 2007 Count: 4								
9/12/2007	\$250.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2156136

Date	Charges	Payments	Credit	Debit	W/Med	Custom	Life/Prova
Year: 2007 - Count: 6							
7/1/2007	\$410.00	\$280.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8/1/2007	\$170.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/1/2007	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$20,351.40	\$2,790.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$8,156.00	\$3,884.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/1/2007	\$9,583.00	\$482.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$48,730.40	\$7,447.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$48,730.40	\$7,447.66	\$0.00	\$0.00	\$8,326.62	\$109.01	
Carrier: MEDIC: MEDICAID: NO EDS: Count: 4							
Year: 2007 - Count: 4							
6/1/2007	\$720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/1/2007	\$630.00	\$110.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$1,850.00	\$110.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$1,850.00	\$110.98	\$0.00	\$0.00	\$1,739.02	\$0.00	
Carrier: MEDC: MEDCOST: Count: 4							
Year: 2007 - Count: 4							
9/1/2007	\$960.00	\$108.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/1/2007	\$3,636.00	\$806.50	\$104.00	\$0.00	\$0.00	\$0.00	\$0.00
11/1/2007	\$2,903.00	\$808.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/1/2007	\$2,250.00	\$864.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$9,649.00	\$2,517.54	\$104.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$9,649.00	\$2,517.54	\$104.00	\$0.00	\$1,752.70	\$0.00	
Year: 2007 - Count: 5							
7/1/2007	\$510.00	\$260.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*MEDICAL SC*

48,730.40 Medicaid SC