

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlehu/FOIA</i>	<i>8-18-10</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>1011078</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>ae. Stensbark</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE <i>9-1-10</i>

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

H. RONALD STANLEY

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August 10, 2010

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RECEIVED

AUG 13 2010

George Burnett, Esquire
Office of General Counsel
South Carolina Department of Health
and Human Services
Post Office Box 8297
Columbia, South Carolina 29202

SCDHHS
Office of General Counsel

RECEIVED

AUG 18 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Timothy Malone, MD vs. SCDHHS
Appeals' Case #: 10-PA-005
Provider ID #: 173555
PI Case #: P3360

Dear George:

Pursuant to the South Carolina Freedom of Information Act, and on behalf of my client, Dr. Timothy Malone, I request that you provide me with the name of the person or persons who contacted the South Carolina Department of Health and Human and Service and made a complaint about Dr. Timothy Malone regarding his participation in the Medicaid program administered by the South Carolina Department of Health and Human Services.

Thank you for your kind attention to this request and I look forward to hearing from you soon.

Very truly yours,



H. Ronald Stanley

HRStleja

cc: Dr. Timothy D. Malone, MD