

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

ACTION REFERRAL

TO <i>Hutto</i>	DATE <i>4-26-13</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000338</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kec K</i>	<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.			

April 24, 2013

MAILED CERTIFIED

Lexington County DHHS
Attn: Lynelle E. Price
605 W. Main Street
Lexington, SC 29072-2503

RECEIVED

APR 26 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Sarah Frye
Medicaid#: 0781445311

Dear Ms. Price:

I previously sent a the following letter certified on April 2, 2013 which was received April 3, 2013. As of this date I have received no response. I am trying to make sure the State of South Carolina is reimbursed and I am quite surprised that the State is not interested in collecting this money.

Prior letter sent: April 2, 2013

Please be advised that I was in an automobile accident on December 1, 2012. Please see attached information so you may submit Medicaid's lien for reimbursement.

Insurance Company: Access Insurance Company
Address: P.O. Box 105143, Atlanta, GA 30348-5143
Phone Number: 1-866-747-6931 Fax Number: 1-866-347-2110
Claim Number: ASI0010964

The following are my medical expenses that Medicaid paid due to the accident.

12-01-2012	Lexington County EMS	\$607.00
12-01-2012	Lexington Medical Center	\$1120.00
12-02-2012	Lexington Medical Center (OB exam)	\$370.00
TOTAL		\$2097

I respectfully request that this lien be submitted as soon as possible as the insurance company is ready to settle. Please forward a copy of the lien to me and Access Insurance.

Sincerely

Sarah Frye
241 White Knoll Road
West Columbia, SC 29170

CC: ~~Sara Granger, SCDHHS State Director~~ Anthony Keck, Medicaid Director.

Sarah Frye
241 White Knoll Road
W Columbia, SC 29170

RECEIVED

APR 26 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State Medicaid Director
Anthony Keck, Medicaid Director
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202



COLUMBIA SC 290
26 APR 2013 PM 2 L

29202820606

