

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/FOIA</i>	DATE <i>2-28-12</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100336</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Stensland</i> <i>Cleared 3/6/12, letter</i> <i>attached</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>3-13-12</i> <input type="checkbox"/> I 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**

February 15, 2012

FEB 28 2012

Via Certified Mail

SCDHHS  
Office of General Counsel

Deirdra Singleton  
General Counsel  
South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202

**RECEIVED**  
FEB 28 2012

Re: **Request for Public Information**

Requestor: Western Dental Services, Inc.

530 S. Main Street  
Orange, CA 92868

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Singleton:

Pursuant to the South Carolina Freedom of Information Act (S.C. Code Ann. 30-4-10 et seq.), the federal Freedom of Information Act (5 U.S.C. § 552 et seq.), and all other applicable laws, Western Dental Services, Inc. requests copies of all documents submitted by Doral Dental/DentaQuest in response to Solicitation Number 5400000809 and Contract Number 4400001016 for Dental Administrative Services including, but not limited to, any and all proposals and any and all responses.

Please send the information to my attention at the address indicated above. Should there be a cost associated with producing the copies, please provide us with a written statement and we will provide you with any necessary payments. If you have any questions or concerns, please do not hesitate to contact me directly at 714-571-3677 or [ccruz@westerndental.com](mailto:ccruz@westerndental.com).

Sincerely,



Chris Cruz  
Western Dental Services, Inc.

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$ 10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

Please remit the above amount to the following address:

Bureau of Fiscal Affairs  
South Carolina Department of Health and Human Services  
Post Office Box 8297  
Columbia, South Carolina 29202-8297

Please contact \_\_\_\_\_ should you have any questions.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

*Orig #000 336*

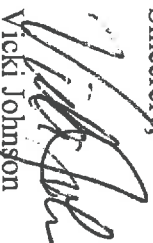
March 6, 2012

Mr. Chris Cruz  
Western Dental Services, Inc.  
PO Box 14227  
Orange, CA 92863

Dear Mr. Cruz:

Your Freedom of Information Act request dated February 15, 2012, was referred to me for handling. You requested copies of all documents submitted by Doral Dental/DentaQuest in response to Solicitation Number 5400000809 and Contract Number 4400001016 for Dental Administrative Services. By copy of this letter, I am forwarding a copy of your request to the Information Technology Management Office, as they are the holder of the official files related to this procurement and contract.

Sincerely,

  
Vicki Johnson  
Assistant General Counsel

VJ/b

cc: Information Technology Management Office  
Division of Procurement Services  
Attention: Norma J. Hall, FNIGP, CPPO, CPPB, CPM  
1201 Main Street, Suite 601  
Columbia, SC 29201

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FEB 28 2012

Via Certified Mail

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Office of General Counsel

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South Carolina Department of Health and Human Services  
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Chris Cruz  
Western Dental Services, Inc.