

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Jacobs	DATE 7-24-07
---------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000045	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR Cleared 8/13/07, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 8-2-07		
		<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.			

*****URGENT*****

RECEIVED

JUL 24 2007

CHARLESTON CANCER CENTER
2910 TRICOM
CHARLESTON, SC 29406
(843) 572-9211 ext 215 FAX (843) 572-9120

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Date: 7/23/07

To: **Dr. Marion Burton**

From: Karla Winningham, CPC

Fax # 803-255-8235

Re: Extension of Medicaid eligibility for Paul Goodloe

Urgent

For Review

Please Reply

PRIVILEGED AND CONFIDENTIAL COMMUNICATION:

This message is intended only for the use of the individual or entity requesting this communication and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are no the intended recipient or responsible for delivering this message to the intended recipient, please be aware that any dissemination, distribution or copying of this communication is prohibited. If you have received this message in error, please notify our office at (843) 572-9211. After notification please shred the information or return the original message to us at the address above via US mail.

Please review letter and attached medical documentation. This patient's Medicaid will terminate 8/1/07, requesting an extension until 9/1/07.

Thank you,

Karla Winningham



Charles D. Graham, MD
Charles S. Holladay, MD
Douglas L. Michajsen, MD

July 23, 2007

Attn: Dr. Marion Burton
Fax: 803-255-8235

Re: Paul Goodloe
MD ID# 6780724601
SSN 141-46-7655

Dr. Marion Burton,

Mr. Goodloe has been receiving chemotherapy in our office since March 2007 for CNS metastasis and small-cell uncertain primary presumed lung cancer. It has been brought to my attention that Mr. Goodloe's Medicaid will terminate 8/1/07 based on recently increased income level. I request Mr. Goodloe's Medicaid to be extended until 9/1/07, so he may complete his chemotherapy regimen. His cycle of therapy for his above-mentioned disease will be completed in August 2007. Due to the high cost of therapy, this patient cannot afford his medical bills. Please review the attached medical records and reconsider his ending date with Medicaid. If you have any further questions, please do not hesitate to contact my office.

Thank you,


Dr. Charles D. Graham

kw

2910 Tricom Street
Charleston, SC 29406
Phone 843.572.9211
Fax 843.572.0457
www.charlestoncancer.com

Charleston Cancer Center

Charles D. Graham, MD

Charles S. Holladay, MD

Douglas L. Michaelson, MD

FOLLOW-UP

NAME: Paul Goodloe

MR#: 6760

DATE: 06/04/2007

PROBLEM:

1. CNS metastasis diagnosed March 2007, small-cell uncertain primary presumed lung.
2. Multiple other medical problems.

TREATMENT: Prior CNS radiation. Cycle 2 of Cisplatin/Etoposide/Neulasta.

SUBJECTIVE: The patient returns for follow-up. He generally tolerated his first cycle of treatment but states that he did not fill any prescriptions for nausea and had nausea toward the latter part of the week of his treatment and the weekend. He also states decreased appetite. Overall he is actually doing well. He has recovered back to his baseline. He has had weight loss more due to decreased appetite. He will be given samples of Megace, we will give him samples of nausea medicine. He was unable to afford even the co-pay for Medical prescriptions. The patient has no present CNS symptoms. He is off Decadron. He has no pulmonary symptoms. He has had no cyclopic problems. He will be retreated with the next cycle of treatment. Review of systems otherwise negative. Karnofsky performance status 100, ECOG 0.

OBJECTIVE: Weight 167. Blood pressure 120/78. Temperature 96.9. Pulse 116. Respirations 18. HEENT: Alopecia noted. Alert, oriented, anicteric. Craniofemur scar healed. Oral without mucositis. Lungs clear bilaterally. Cardiovascular exam normal. Catheter functioning. Abdominal exam nontender without hepatosplenomegaly. Extremities normal. Gait normal.

LABORATORY: HGB 12.5. HCT 35.6. WBC 5.8. Neutrophil count 3.81. Platelet count 216,000. Creatinine pending.

PLAN:

1. Re-treat same chemotherapy.
2. Samples of medication.
3. Will require Neulasta.
4. Office visit in 4 weeks for next planned treatment.

Dictated but not read

Charles D. Graham, MD

CG : dg

D: 06/04/2007 16:59

T: 06/07/2007 08:37 06/06/2007

2910 Tricom Street • Charleston • South Carolina • 29406

Phone: 843-572-9211 • Fax: 843-572-0457 • www.charlestoncancer.com

07/23/2007 02:35PM

Charleston Cancer Center

Charles D. Graham, MD

Charles S. Holladay, MD

Douglas L. Michaelson, MD

FOLLOW-UP**NAME:** Paul Goodloe**MR#:** 6760**DATE:** 05/01/2007**PROBLEM:**

1. CNS metastasis, diagnosed 3/07, small cell cancer. Uncertain primary.
2. Multiple other medical problems.

TREATMENT: Completed CNS radiation. Tapered off Decadron.

SUBJECTIVE: The patient returns for follow-up. He was initially seen in consultation during hospitalization in March. It was ultimately discovered he had small cell cancer by craniotomy done by Dr. Khoury. He had referred radiation therapy. He has completed his therapy and has been tapered off steroids. He has had problems with vascular issues and has an appointment with Dr. Squires. He was seen in the past for amputations related to vascular and infectious problems from his underlying diabetes and vascular condition. The patient is aware he is to receive chemotherapy. We plan to treat him with Cisplatin/Etoposide, and would switch him to Carboplatin/Etoposide if this is intolerable. Dr. Squires will be consulted for port-a-cath placement. Plan to begin chemotherapy next week, assuming the catheter will be put in this week. Risks, benefits, side effects were extensively discussed with patient. The patient will return after imaging to confirm that there has been no obvious primary lesions developed since his initial diagnosis, given the time frame from his prior scans and the present time, and to be treated with probably 4 cycles of Cisplatin/Etoposide, with an alternate treatment being Carboplatin/Etoposide, if he is intolerant to Cisplatin. Risks, benefits, and side effects were explained in depth. Time spent with the patient greater than one hour. Present Karnofsky performance 100, ECOG 0.

REVIEW OF SYSTEMS: Otherwise negative.

OBJECTIVE: Weight 176. Blood Pressure 138/74. Temperature 97.4. Pulse 84. HEENT: Patient alert and oriented. Craniotomy site healed, anicteric, cranial nerves intact. Lungs clear bilaterally. Cardiovascular: Regular rhythm. No murmur or gallop. Abdomen exam: Non-tender, without hepatosplenomegaly. Extremities unremarkable except for prior amputations.

LABORATORY DATA: HGB 13.4. HCT 38.6. WBC 5.8. Platelet count 312,000. Previous renal function normal.**PLAN:**

1. Obtain CT, non-contrast due to IV contrast allergy.
2. Port-a-Cath to be placed by Dr. Squires.
3. Return next week to begin chemotherapy.

Dictated but not read

Charles D. Graham, MD

CG : eg

D: 05/02/2007 16:34

T: 05/13/2007

c: George Khoury, M.D.
Tumor Registry
Radiation Therapy
Greg Squires, M.D.

2910 Tricom Street • Charleston • South Carolina • 29406

Phone: 843-572-9211 • Fax: 843-572-0457 • www.charlestoncancer.com

07/23/2007 02:35PM

Charleston Cancer Center

Charles D. Graham, MD

Charles S. Holladay, MD

Douglas L. Michaelson, MD

FOLLOW-UP

NAME: Paul Goodloe

MR#: 6760

DATE: 04/03/2007

PROBLEM: Brain metastasis, secondary to small cell cancer.

SUBJECTIVE: The patient returns for follow-up. He was initially seen in consultation in March. He presented with CNS lesions and neurology related symptoms. He ultimately underwent a craniotomy done by Dr. Khoury at St. Francis that revealed pathology consistent with small cell cancer. The patient had imaging revealing no primary lesion. It is felt that radiation therapy is the initial treatment of choice. I have discussed with him that we would recommend that he be treated with 4 cycles of chemotherapy, after completing the radiation treatment. The patient remains on Decadron. He is to be referred to Radiation Therapy to undergo whole brain radiation, due to his recent diagnosis. He will return in approximately four weeks for follow-up or sooner, obviously, should he have problems prior to that time. Presently, his Karnofsky performance status is 100, ECOG 0.

OBJECTIVE: Weight 176 pounds. Height 74 inches. Blood Pressure 138/84. Temperature 97.8. Pulse 76. Respirations 14. HEENT: Surgical site healed. Alert and oriented. Anicteric. Gait normal. Lungs clear. Cardiovascular exam normal. Abdomen exam without organomegaly.

LABORATORY DATA: His laboratory reviewed. Pathology reviewed.

ASSESSMENT: Multiple CNS mets, secondary to small cell cancer, uncertain primary.

PLAN:

1. Patient will be referred to Radiation Therapy. He will be taken off Decadron.
2. Follow-up in one month.
3. He will require chemotherapy. He is pursuing disability.

Dictated but not read

Charles D. Graham, MD

CG : eg

D: 05/02/2007 16:34

T: 05/14/2007 10:52

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: GOODLOE, PAUL JOSEPH
UNIT #: D000405613

ATTENDING PHY: KHOURY, GEORGE H
ROOM #: D.C007-A

PATIENT NAME: GOODLOE, PAUL JOSEPH

DATE OF CONSULTATION: 03/20/2007

CONSULTING PHYSICIAN: CHARLES D. GRAHAM, M.D.

REQUESTING PHYSICIAN: GEORGE H. KHOURY, M.D.

ADMITTING PHYSICIAN: GEORGE H. KHOURY, M.D.

PROBLEM:

1. Multiple brain lesions with edema, uncertain etiology.
2. No obvious primary.
3. Diabetes mellitus.
4. Hypertension.
5. Status post toe amputation secondary to osteomyelitis.
6. History of alcohol abuse.
7. History of asthma.

DISCUSSION:

The patient is a 54-year-old white male who presented with left-sided weakness with pain. CT imaging revealed at least two brain lesions, MRI revealed three. Consultation is requested to discuss possible primary lesion. CT imaging is pending. The patient is not able to give meaningful history. There is no obvious primary that can determine meaningful information. Will await CT scan and, if unrevealing, a surgical approach may be required.

RECOMMENDATIONS:

1. Agree with CT imaging as planned. Will include the pelvis.
2. Check liver function tests.
3. Will follow up, if no obvious primary present.

HISTORY OF PRESENT ILLNESS:

The patient is a 54-year-old white male who presented to the emergency room with neurologic symptoms. An abnormal CT scan and abnormal MRI revealed at least three lesions. Consultation is placed for evaluation of possible malignancy. The patient has a pertinent history of diabetes mellitus. He has had prior diabetic foot and osteomyelitis requiring amputation. He has been noncompliant on occasions with therapy. He is on oral diabetic medication. He is a tobacco user, putting him at risk. He has had heavy alcohol intake in the past.

MEDICATIONS: Per chart.

South Carolina

PCI

LIVE (PCI: OR Database COCTR)

DRAFT COPY

Run: 03/29/07-13:12 by MICHAELSEN, DOUGLAS

Page 1 of 2

07/23/2007 02:35PM

TRIDENT MEDICAL CENTER
9310 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: GOODJOE, PAUL JOSEPH
UNIT #: D0000405613

ATTENDING PHX: KHOURY, GEORGE H
ROOM #: D.COU7-A

ALLERGIES: No known drug allergies.
FAMILY HISTORY: Unknown.

SOCIAL HISTORY: Positive tobacco and alcohol user.

PHYSICAL EXAMINATION:

On examination, the patient is somnolent and not able to give any meaningful information. His history is obtained from hospital records and radiographic information and available laboratory data. The patient moves all of his extremities. Vital signs are stable. There is no palpable adenopathy. Cranial nerves appear grossly intact. Cardiopulmonary exam is unremarkable. Abdomen demonstrates no hepatosplenomegaly. There is no edema. Integument is unremarkable.

LABORATORY DATA:

Creatinine .6, calcium 9.3. CBC (03-19-07): Hemoglobin 14, hematocrit 34.6, white blood cell count 9.5, platelets 235,000. PT normal. CT scan and MRI reviewed. Chest radiograph negative. Barium swallow stated aspiration to thin liquids and nectar.

IMPRESSION: See initial consult.

CC:
GEORGE H. KHOURY, M.D.

Job#: 559185
Dictated: 03/21/2007 6:20 PM
Transcribed: 03/22/2007 8:38 AM
CDG: jbe

CHARLES D GRAHAM, M.D.

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: GOODLOE, PAUL JOSEPH
UNIT #: D000405613

ATTENDING PHY: KHOURY, GEORGE H
ROOM #: D.C077-A

PATIENT NAME: GOODLOE, PAUL JOSEPH

DATE OF CONSULTATION: 03/20/2007

CONSULTING PHYSICIAN: CHARLES D. GRAHAM, M.D.

REQUESTING PHYSICIAN: GEORGE H. KHOURY, M.D.

ADMITTING PHYSICIAN: GEORGE H. KHOURY, M.D.

PROBLEM:

1. Multiple brain lesions with edema, uncertain etiology.
2. No obvious primary.
3. Diabetes mellitus.
4. Hypertension.
5. Status post toe amputation secondary to osteomyelitis.
6. History of alcohol abuse.
7. History of asthma.

DISCUSSION:

The patient is a 54-year-old white male who presented with left-sided weakness with pain. CT imaging revealed at least two brain lesions, MRI revealed three. Consultation is requested to discuss possible primary lesion. CT imaging is pending. The patient is not able to give meaningful history. There is no obvious primary that can determine meaningful information. Will await CT scan and, if unrevealing, a surgical approach may be required.

RECOMMENDATIONS:

1. Agree with CT imaging as planned. Will include the pelvis.
2. Check liver function tests.
3. Will follow up, if no obvious primary present.

HISTORY OF PRESENT ILLNESS:

The patient is a 54-year-old white male who presented to the emergency room with neurologic symptoms. An abnormal CT scan and abnormal MRI revealed at least three lesions. Consultation is placed for evaluation of possible malignancy. The patient has a pertinent history of diabetes mellitus. He has had prior diabetic foot and osteomyelitis requiring amputation. He has been noncompliant on occasions with therapy. He is on oral diabetic medication. He is a tobacco user, putting him at risk. He has had heavy alcohol intake in the past.

MEDICATIONS: Per chart.

South Carolina

PCT

LIVE (PCT: QR Database COCTR)

DRAFT COPY

Run: 04/02/07-16:21 by MICHAELSEN, DOUGLAS

Page 1 of 2

07/23/2007 02:35PM

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: GOODJOE, PAUL JOSEPH
UNIT #: D0000405613

ATTENDING PHY: KHOURY, GEORGE H
ROOM #: D.COD7-A

ALLERGIES: No known drug allergies.
FAMILY HISTORY: Unknown.

SOCIAL HISTORY: Positive tobacco and alcohol user.

PHYSICAL EXAMINATION:

On examination, the patient is somnolent and not able to give any meaningful information. His history is obtained from hospital records and radiographic information and available laboratory data. The patient moves all of his extremities. Vital signs are stable. There is no palpable adenopathy. Cranial nerves appear grossly intact. Cardiopulmonary exam is unremarkable. Abdomen demonstrates no hepatosplenomegaly. There is no edema. Integument is unremarkable.

LABORATORY DATA:

Creatinine .5, calcium 9.3. CBC (03-18-07): Hemoglobin 14, hematocrit 34.6, white blood cell count 9.5, platelets 235,000. PT normal. CT scan and MRI reviewed. Chest radiograph negative. Barium swallow stated aspiration to thin liquids and nectar.

IMPRESSION: See initial consult.

CC:
GEORGE H. KHOURY, M.D.

Job#: 559185
Dictated: 03/21/2007 6:20 PM
Transcribed: 03/22/2007 8:38 AM
CDG:jbe

CHARLES D GRAHAM, M.D.

Chemotherapy Administration Record

Date: 7/11/07 Physician: Gelano Cycle: 3
 Labs drawn: BMP + Mg Day/Week: 3
 # sticks: x1

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
<u>Amoxicillin</u>	<u>130mg</u>	<u>50ml</u>	<u>100cc NS</u>	<u>Van</u>	<u>IV</u>	<u>Huber</u>	<u>10:00</u>	<u>10:20</u>
<u>VP-16</u>	<u>100mg</u>	<u>100ml</u>	<u>500cc NS</u>	<u>Van</u>	<u>IV</u>	<u>Huber</u>	<u>10:21</u>	<u>11:30</u>
<u>Mel 1000</u>	<u>100mg</u>	<u>100ml</u>	<u>500cc NS</u>	<u>Van</u>	<u>IV</u>	<u>Huber</u>	<u>11:31</u>	<u>12:45</u>
<u>Cisplatin</u>	<u>50mg</u>	<u>50ml</u>	<u>500cc NS</u>	<u>Van</u>	<u>IV</u>	<u>Huber</u>		
<u>Mg/KCl</u>	<u>1gm/10mg</u>	<u>100ml</u>		<u>Van</u>	<u>IV</u>	<u>Huber</u>		

Blood confirmed for each agent: Yes No
 Reactions: None See Nurses Notes
 Notes: _____
 IV Line flushed after each agent: NS/Huber

Nurse: SKA / Polak MD on site: 100
 Date: 7/12/07 Physician: Staham Cycle: 3
 Labs drawn: Stat bact. Day/Week: 4
 # sticks: X1

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
<u>Amoxicillin</u>	<u>0.25mg</u>	<u>-</u>	<u>> 100cc NS</u>	<u>Van</u>	<u>IV</u>	<u>Huber</u>	<u>9:00</u>	<u>9:20</u>
<u>VP-16</u>	<u>100mg</u>	<u>-</u>	<u>> 500cc NS</u>	<u>Van</u>	<u>IV</u>	<u>Huber</u>	<u>9:21</u>	<u>10:30</u>
<u>Mg/KCl</u>	<u>1gm/10mg</u>	<u>-</u>	<u>> 100cc NS</u>	<u>Van</u>	<u>IV</u>	<u>Huber</u>	<u>10:31</u>	<u>11:45</u>

Blood confirmed for each agent: Yes No
 Reactions: None See Nurses Notes
 Notes: _____
 IV Line flushed after each agent: NS/Huber

Nurse: Jane Hammer MD on site: yes
 Patient Name: _____

Chemotherapy Administration Record

Date: 7/9/07

Cycle: 3

Physician: Shaham

Day/Week: 1 account

Labs drawn: -

sticks: 1

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
amrmet	130mg	-	51000NS	VAD	IV	22huber	10:45	11:04
debeduron	8mg	-						
VP16	100mg	-	500NS				11:05	12:10
Mag/KCl	40/40	-						
Clay	50mg	-						
Mag/KCl	10/10	-	51000NS				12:11	14:10

Blood confirmed for each agent: good

IV Line flushed after each agent: NS/hep

Reactions: None

See Nurses Notes

Notes: -

Nurse: Youna Hannon of RD MD on site: NO

Date: 7-10-07

Cycle: 3

Physician: Shaham

Day/Week: 2

Labs drawn: -

sticks: 1

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
Amrmet	130mg	-	500NS	VAD	IV	#22huber	09:15	10:20
debeduron	8mg	-						
VP16	100mg	-	500NS				10:20	11:20
Mag/KCl	40/40	-					11:20	12:05
Clay	50mg	-						
Mag/KCl	10/10	-						

Blood confirmed for each agent: good

IV Line flushed after each agent: NS/hep

Reactions: None

See Nurses Notes

Notes: -

Nurse: Heather Parks

MD on site: DRP

Patient Name: -

GOODLOE, PAUL Acct: 6760
 SSN: 141-46-7655 DOB: 9/30/1952
 CHARLES P GRAHAM, MD Sec: M

Chemotherapy Administration Record

Date: 6-6-06 Physician: Malone Cycle: 2 Day/Week: 3
 Labs drawn: _____ # sticks: 0000000

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
<u>Tolman</u>	<u>32</u>	<u>50SS</u>	<u>500SS</u>	<u>VAD</u>	<u>IV</u>	<u>Peritum</u>	<u>0916</u>	<u>0935</u>
<u>Abirater 8</u>	<u>150</u>							
<u>1116</u>	<u>90</u>		<u>500</u>				<u>0936</u>	<u>1045</u>
<u>1700</u>	<u>100</u>		<u>100</u>					
<u>1700</u>	<u>10mg</u>		<u>100SS</u>					
<u>1700</u>	<u>50</u>		<u>1000</u>				<u>1045</u>	<u>150</u>
<u>1700</u>	<u>10mg</u>							
<u>1700</u>	<u>10mg</u>							

Blood confirmed for each agent: good

Reactions: None See Nurses Notes

Notes: _____

IV Line flushed after each agent: 15/stop

Nurse: Theresa Rocco MID on site: Yes

Date: 6/21/07 Cycle: 2
 Physician: Rozell Day/Week: _____ # sticks: 4
 Labs drawn: Star of Blue # sticks: 1

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
<u>Qlevi</u>	<u>0.2mg</u>	<u>8mg</u>	<u>50SS</u>	<u>VAD</u>	<u>IV</u>	<u>#346</u>	<u>0946</u>	<u>0950</u>
<u>Decadron</u>	<u>25</u>		<u>500SS</u>				<u>0957</u>	<u>1100</u>
<u>Meg</u>	<u>90mg</u>		<u>500SS</u>				<u>1101</u>	<u>1200</u>
<u>Meg</u>	<u>1/16mg</u>		<u>500SS</u>				<u>1201</u>	<u>1300</u>
<u>mg</u>	<u>1/16mg</u>							
<u>mg</u>	<u>1/16mg</u>							

Blood confirmed for each agent: 1

Reactions: None See Nurses Notes

Notes: _____

IV Line flushed after each agent: 15/stop

Nurse: Theresa Rocco MID on site: Yes

Patient Name: _____

GOODLOE, PAUL Acct: 6760
 SSN: 1-41-46-7655 DOB: 9/30/1952
 CHARLES D GRAHAM, MD Sec: M

Chemotherapy Administration Record

Date: 6/14/07 Cycle: 2
 Physician: Waldman Day/Week: B1
 Labs drawn: _____ # sticks: Access

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
ZOPHAN	320	80g	SDANS	WAD	IV	#22 hub	1115	1149
VP16	90g	110g	SDANS	WAD	IV	#22 hub	1150	1243
MAG1KCL	50g	1g/10mg	INDORS	WAD	IV	#22 hub	1245	1245

Blood confirmed for each agent: Good IV Line flushed after each agent: NaCl/Saline

Reactions: None See Nurses Notes

Notes: DE TO MOVE NEXT CYCLE TO SUEDE INSTEAD OF 2 WEEKS DUE TO GET THE HISTORY. INCREASE TO 3 MONTHS SODIUM SALT.

Nurse: Hunter MD on site: WJ

Date: 6-5-07 Cycle: 2
 Physician: Waldman Day/Week: 2
 Labs drawn: _____ # sticks: Access

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
ZOPHAN	320	80g	SDANS	WAD	IV	#22 hub	0940	1000
VP16	90g	110g	SDANS	"	"	"	1000	1110
MAG1KCL	50g	1g/10mg	INDORS	"	"	"	1110	1215

Blood confirmed for each agent: OK IV Line flushed after each agent: NS/Heparin

Reactions: None See Nurses Notes

Nurse: Hunter MD on site: WJ

Chemotherapy Administration Record

Date: 5/10/07 Physician: Galarn Cycle: C1 Day/Week: 21 Day
 Labs drawn: BMP + Mg # sticks: 21

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
Leucovorin 400mg	30mg 8mg	✓	50cc NS	VAD	IV	2nd hub	9:00	9:15
VP-16	90mg	✓	500cc NS	VAD	IV		9:16	10:45
Mg	15mg 10mg	✓		VAD	IV			
Cisplatin	50mg	✓	50cc NS	VAD	IV		10:30	11:35
Hydrocortisone 100mg	15mg 10mg	✓		VAD	IV			

Blood confirmed for each agent:

Reactions: None

See Nurses Notes:

IV Line flushed after ea agent: NS/heparin

Notes: Disrupted at 10:15 AS. Apparently per nurse received drug due to BS of old who was on pain to Miradrol infusion. It returned yesterday

Nurse: M. [Signature] MD on site: 2/22

Date: 5/10/07 Cycle: C1 Day/Week: D4
 Physician: Galarn # sticks: 21
 Labs drawn: CADUIC

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
Fluorouracil 1000mg	100cc NS	✓	100cc NS	VAD	IV	2nd hub	08:30	08:50
VP-16	90mg	✓	500cc NS	VAD	IV		08:55	10:00
Mg	15mg 10mg	✓		VAD	IV			
Cisplatin	50mg	✓	50cc NS	VAD	IV		10:01	
Hydrocortisone 100mg	15mg 10mg	✓		VAD	IV			

Blood confirmed for each agent:

Reactions: None

See Nurses Notes

IV Line flushed after ea agent: NS/heparin

Notes:

Nurse: M. [Signature] MD on site: 1/22

Patient Name:

GOODRICH, PAUL Acct# 0760
 SSN: 141-46-7665 DOB: 9/30/1952
 CHARLES D GRUHAN, MD Sec M

Chemotherapy Administration Record

Date: 5/8/07 Physician: Cohen Cycle: 1
 Labs drawn: _____ Day/Week: 1
 # sticks: X1

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
3mg/kg Mag/Kel	3mg/kg		50cc NS	VAD	FEV	Bad Huber	9:15	9:39
90mg VP-16	90mg		500cc NS				9:40	10:39
50mg Mag/Kel	50mg		100cc NS				10:40	12:55

Blood confirmed for each agent: None See Nurses Notes
 IV Line flushed after ea agent: NS/Hepline

Reactions: None See Nurses Notes
 Notes: Nauseated pt. pt to return in AM. P complaints @ this time

Nurse: Mr. J. Black MD on site: WJ

Date: 5/9/07 Cycle: 1
 Physician: Cohen Day/Week: 2
 Labs drawn: _____ # sticks: X1

AGENT	DOSE	WASTE	FLUIDS	SITE	ROUTE	ACCESS	START	STOP
30mg Mag/Kel	30mg		50cc NS	VAD	IV	# Bad Huber	8:45	9:10
90mg VP-16	90mg		500cc NS				9:11	10:12
50mg Mag/Kel	50mg		100cc NS				10:13	11:15

Blood confirmed for each agent: Good IV Line flushed after ea agent: NS/hep

Reactions: None See Nurses Notes

Nurse: Stina Hammer MD on site: WJ

COOPER, PAUL Acct 6740
 SSN: 141-46-7685 DOB: 9/30/1952
 CHARLES D GRAHAM, MD Sec: M

I hereby authorize direct payment of medical benefits to Charleston Cancer Center, Charles D. Graham, MD; MD; Charles S. Holladay, MD; Douglas L. Michaelsen, MD and/or his representatives for services rendered by him in person or under his supervision. I understand that I am financially responsible for any balance not covered by my insurance. I understand that I will be responsible for any legal or collection fees associated with collection of any balance remaining on my account not rightfully covered by my insurance. I certify that the information given by me in applying for payment is correct.

Patient's Signature:

Paul F. Corliffe

Date:

4/23/07

I authorize Charleston Cancer Center to release any medical or incidental information that may be necessary to process my insurance claims.

Patient's Signature:

Paul F. Corliffe

Date:

4/23/07

I authorize release of my health information upon referral from Charleston Cancer Center and/or its providers for continuation of care and/or treatment.

Patient's Signature:

Paul F. Corliffe

Date:

4/23/07

I authorize Charleston Cancer Center to obtain health information pertinent to my treatment at Charleston Cancer Center.

Patient's Signature:

Paul F. Corliffe

Date:

4/23/07

I authorize Charleston Cancer Center to release my health information to the family/friends listed below.

Don W. Parker
Donna Parker

Patient's Signature:

Paul F. Corliffe

Date:

4/23/07



State of South Carolina
Department of Health and Human Services

00415

Mark Sanford
Governor

August 13, 2007

Mr. Paul Goodloe
4200 Dorsey Avenue
Lot # 2
North Charleston, South Carolina 29405

Dear Mr. Goodloe:

Dr. Charles D. Graham has written our agency regarding the closure of your Medicaid benefits. We hope to be of assistance.

Your Medicaid coverage under the Supplemental Security Income (SSI) program will end August 1, 2007, because you no longer meet the income requirements. Medicaid benefits are available automatically to individuals who are SSI eligible, but when your SSI coverage ends, your Medicaid benefits end as well. The SSI program is administered through the Social Security Administration. Please call them at 1-800-772-1213 if you have any questions or want to appeal this decision.

Another option for healthcare assistance is Medicaid's Community Long Term Care (CLTC) program. CLTC can provide assistance to individuals requiring institutional care, but who choose to receive care in their home. Eligibility for this program is based on a maximum monthly income of \$1869 and some resource restrictions. If your health situation worsens, please contact the Charleston CLTC office at (843) 529-0142 to determine if you may be eligible for this program.

Enclosed are materials on organizations that provide assistance to individuals who lack the financial resources needed to obtain medications and other health care services. We hope this information proves helpful in meeting your healthcare needs.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/cod



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

August 13, 2007

Dr. Charles D. Graham
Charleston Cancer Center
2910 Tricom Street
Charleston, South Carolina 29406

Dear Dr. Graham:

Thank you for writing our agency to express your concerns regarding Medicaid coverage for Mr. Paul Goodloe.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. Unfortunately Medicaid regulations do not allow us to extend eligibility based on medical need. The income limit currently established for our Aged, Blind or Disabled program is 100% of the Federal Poverty Level.

We were unable to reach Mr. Goodloe by phone so we responded in writing and mailed him information on organizations that provide assistance to individuals who lack the financial resources needed to obtain medications and other health care services. We also mailed him materials on Medicaid programs that may help him with his future health needs.

Thank you for your concern for Mr. Goodloe and for all you do to improve the health and quality of life for many of our state's citizens. Please contact Ms. Jennifer Dabbs at (803) 898-3965 if you have additional questions or concerns and she will be happy to assist you.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/cod

From: Mark Of
To: Denise Epps
Date: 8/7/2007 5:15 PM
Subject: log 45

I gave it to Garnell 8/7/07 - wasn't sure how we do this now. Thanks

EDIT

Constituent ID

Closed?

Date Closed

Source

Log No. Due Date

SSN

MEDICAID ID

First Name MI Last Name

Constituent Phone(s)

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

Staff ID Staff First Name Staff Last Name

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/ Other

Entry Date

Last Update

Last Update User

Apply

Cancel

Close

Constituent# 796				
	Notes ID	Entry Date	Last Update	Notes
▶	580	8/1/2007	8/1/2007	To Garnell. LYNCHJEN 8/1/2007 12:29:03 PM
	554	7/31/2007	7/31/2007	I had no edits to the letters. EPPSDEN 7/31/2007 12:52:38 PM
	549	7/31/2007	7/31/2007	To Mark for review. LYNCHJEN 7/31/2007 9:52:21 AM
	546	7/30/2007	7/30/2007	Tried calling the phone number we have in MEDS but the voicemail isn't set up and I never get an answer. Will continue to try and reach. LYNCHJEN 7/30/2007 3:53:49 PM

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/30/07
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: GOODLOE PAUL J ACTION TYPE: MAINTENANCE
HH NUMBER: 101185752 APL STATUS: ACTION DATE: 04/13/07
APL EFF DATE: 12/29/2006 WKR: CUWKR CENTRA WORKER WKR'S CNY: 47 STATE OFFIC
MAIL IN(Y/N): _ APL SITE: _____ SPNSR: _____
APPLICANT'S CNY: 10 CHARLESTON
COURTESY APPLICATION(Y/N): N PRIMARY LANGUAGE: E ENGLISH
MAILING ADDRESS: REASON FOR APPLICATION:
4200 DORSEY AVE LOT 2 ADULT WITH CHILDREN(Y/N): _
CHILDREN 1 AND OVER(Y/N): _

NORTH CHARLESTON SC 29405-6715 INFANTS UNDER AGE 1(Y/N): _
RESIDENCE ADDRESS: PREGNANT(Y/N): _
4200 DORSEY AVE LOT 2 BLIND/DISABLED(Y/N): _
AGED(Y/N): _
INMATE(Y/N): _

NORTH CHARLESTON SC 29406- LIMITED DATA COLLECTION: 00 NONE
PHONE: H: 205-368-8959 W: - - FIRST SIGNATURE OBTAINED(Y/N): _
UPDATED: USER ID: DATE: WITHDRAW APPLICATION(W/C/N): N
ME900049 HOUSEHOLD RECORD FOUND SYSTEM ID: SDX1000 DATE: 04/13/07

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

Paul Goodloe
141 40 7655
SSI stopping b/c
Rec. SS
1408/mth.
From: Renee 8/12 2:50

MEDSDX01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/30/07
MEDSPROD SDX CLIENT INQUIRY INDIVIDUAL DATA

PAGE: 1 OF 6

SDX SSN: 141-46-7655 NAME: PAUL J GOODLOE
MEDS SSN: 141-46-7655 NAME: PAUL J GOODLOE
RCP NUM: 6780724601 HH NUM: 101185752

-----VITALS-----SSI-----

AKA: PHONE: 205-368-8959 APPL: 12/29/06 SSI ELIG:

SEX: M RACE: W MRTL: 3 DOB: 09/30/1952 PSC: N01 ZEB: FED ELIG: N

DOD: DEATH SOURCE: 0 ESTMNT: 01/11/07 RDETRM:

INST DETERM CD: RCP TYP: DI HHH IND: N RIC: I DENIAL CD: DATE:

-----MEDICAID-----GROSS:

UNPD EXPN: Y MEDICAID EFF: 07/01/07 MTHLY ASST: 415.34 DIR DEP:

MEC: R BANK ACCOUNT NUM:

-----BENEFIT DATA----- BANK ROUTING NUM: 000000000000

MEDICARE SSCN : 141467655A -----DISABILITY-----

ENTITLEMENT: N RRB: PMT CD: F ROLIBCK: ONSET: 12/20/06

-----APPEALS AND MISC -----ALLEN-----

FLAG: APP CODE: DATE: IND: N RES: COUNTRY:

DEC CODE: DATE: ELIG CODE: 0 SPONSOR STATUS CODE:

TP INS IND: N QMB: SYSTEM ID: UPDATED: SDX1015 DATE: 06/02/07

ME908001 SDX RECORD FOUND

PF1-> HELP PF3-> NEXT SCR PF5-> RECIP PF10-> PREV MENU

PF11-> SDX TRANS PF12-> BENDEX PF14-> BUY PF21-> HIST- PF22-> HIST+

EDIT

Constituent ID

Closed?

Date Closed

Source

Log No. Due Date



Print this Form

Constituent Notes

SSN

MEDICAID-ID

First Name MI Last Name

Constituent Phone(s)

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

Staff ID Staff First Name Staff Last Name

Point of Contact

Authorized Rep

Rep Phone

Relationship

Legislator/Other

Entry Date

Last Update

Last Update User

Apply

Cancel

Close

Constituent# 796				
	Notes ID	Entry Date	Last Update	Notes
▶	658	8/7/2007	8/7/2007	Mark gave back to me with edits from Alicia. Prepared another draft and back to Mark. LYNCHJEN 8/7/2007 2:45:46 PM
	593	8/2/2007	8/2/2007	To Alicia for review. POLATTYJ 8/2/2007 9:14:07 AM
	582	8/1/2007	8/1/2007	Reviewed, accepted and forwarded for distribution. GBC CAULEY 8/1/2007 2:06:05 PM
	580	8/1/2007	8/1/2007	To Garnell. LYNCHJEN 8/1/2007 12:29:03 PM