

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bausling</i>	DATE <i>7-17-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000091</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-26-06</i>	<input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>Checked on 6/11/06, Same as Log # 2016</i>		<input type="checkbox"/> FOIA	DATE DUE _____

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

DHHS

FAX COVER SHEET

RECEIVED

JUL 17 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR



Dr. Michael Harless
Andrea Trader FNP

Log. Bowling
Wanna Sign

#2016

June 1-06
5:33-06

701 Medical Park Drive
Suites 301
Hartsville, SC 29550

Phone: (843) 383-5191
Fax: (843) 332-9229

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To: Dr. Marcia Burton From: A. Trader FNP/Bandua

Fax #: 803-255-3435 Date: 5-23-06

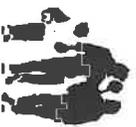
Pages: 2 Including cover

RE: Ann Benjamin ^{DOB} 3-30-56 ac: _____
no visits

Comments:

Handwritten notes:
Fax to manager -
need attention please - must complete
to me -
letter should
G-1-06
no visits

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The Medical Group

Healthcare for the Entire Family

Post Office Box 1896

Hartsville, South Carolina 29551

(843) 383-5191

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JUL 17 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

May 18, 2006

Attention Marion Burton:

This letter concerns Ms. Ann Benjamin, DOB 03/30/56. She is covered by Medicaid and it has come to my attention that she needs approval for more than 12 visits per year. This woman has multiple medical problems, and requires frequent follow up by her primary care as well as specialty providers. Ms. Benjamin suffers from recurrent seizures and is on multiple medications for this. Her seizures have become more frequent recently and she has been unable to follow up as needed with her neurologist, Dr. Shijun Pan, because she has not enough Medicaid visits and obviously cannot afford to pay out of pocket.

Ann Benjamin also suffers from a disk herniation in her neck, hypertension, migraine headaches, Gerd and a history of traumatic brain injury.

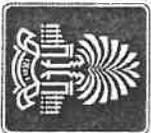
Therefore, considering her multiple medical problems, we request that her number of Medicaid visits be increased so that she can be monitored appropriately.

Thank you for your attention to this matter.

Andrea Trader, FNP

Michael F. Ambrose, M.D., Family Practice
Abraham Arecphanthru, M.D., Family Practice
T. J. Bell, Jr., M.D., Family Practice
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JUL 17 2006

FACSIMILE COVER LETTER Department of Health & Human Services
OFFICE OF THE DIRECTOR

DATE 5-23-06

FAX NUMBER 255-8235

DELIVER TO Marga Keller

FROM Dr Burton

TOTAL NUMBER OF PAGES INCLUDING COVER PAGE 3

CALL WHEN RECEIVED

HIGH PRIORITY

CONFIDENTIAL

OFFICIAL COPY TO FOLLOW BY US/CAMPUS MAIL

PLEASE RESPOND BY _____

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CONTACT:

Cathy Darby AT PHONE NO. 803-255-3400

FAX NUMBER (803) 255-3435

COMMENTS _____

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15 Medical Park, Suite 300, Columbia, SC 29203
803-255-3400, FAX 803-255-3435

TRANSMISSION VERIFICATION REPORT

TIME : 05/23/2006 16:03
NAME : USC UNITV
FAX : 803-255-3435
TEL : 803-255-3400

DATE, TIME
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05/23 15:58
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