

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>3-20-14</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000327	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Lynch, Post Cleared 3/31/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-1-14</i> <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.			

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ways and Means, 3rd V.C.
Transportation and Regulatory
Subcommittee, Chairman
Revenue Policy
Invitations & Memorial Resolutions



House of Representatives

State of South Carolina

522B Blatt Building
P.O. Box 11867
Columbia, SC 29211
Tel. (803) 734-3115

RECEIVED

March 19, 2014

MAR 20 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Keck, Ex. Director
POB 8206
SC Dept. of Health and Human Services
Columbia, SC 29202-8206

Dear Mr. Keck:

I write on behalf of Mr. David Tager, REF ID 201311060475, of 111 Edgemont Street, Aiken, SC 29801, (803-226-4088) or (803-257-5096), who has applied for Medicaid and have enclosed information pertaining to his medical records and medications.

He is only 29-years old and he has been suffering for quite some time. His mother is greatly concerned about his health and his situation. He spent some time at SC Vocational Rehab in Greenville and has been served at the Aiken office. I would appreciate any assistance you can offer Mr. Tager.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Roland Smith".

J. Roland Smith

JRS/vhr/2014march19-1

Enclosure

cc: Mr. David Tager



South Carolina Vocational Rehabilitation Department

Enabling eligible South Carolinians with disabilities to prepare for, achieve and maintain competitive employment.

Barbara G. Hollis, Commissioner

11/06/2013

Margaret J. Weston
Community Health Center
1211 University Lane
Aiken SC 29801



RefID : 201311060475

Fax: (803) 649-2231

Faxed

David Tager - 10/08/1984

The above named individual has applied to South Carolina Vocational Rehabilitation for services to prepare them for employment.

Please forward records relating to diagnosis and treatment. I have enclosed a release statement signed by David Tager.

This page must be on the top of your report.

Please send records to:

855 YORK STREET, NE

AIKEN, SC 29801

Copying Fees for Medical Records			
Photocopying records (1-19 pages)	MedRecords		\$15.00
When some type of professional involvement is required in addition to photocopying the records, or when an extremely large amount of records are copies, usually 20 pages or more	MedRecords		\$25.00
When professional review of records is required by a physician along with a dictation of a report	MedRecords		\$30.00

If you have any questions, please contact me at (803) 641-7630.

MARSHA DEMENT, ADMINISTRATIVE TEAM SUPPORT SPEC II
AIKEN AREA OFFICE
855 YORK STREET, NE • AIKEN • SC 29801 • (803) 641-7630 • (803) 641-7733 FAX

Attachment: Release and Consent Form

AIKEN AREA OFFICE

855 YORK STREET, NE • AIKEN • SC 29801 • (803) 641-7630

Aiken/1001

NOV 22 2013

3/27/2012 4:06:00 PM

DAVID TAGER, Gender: M, DOB: 10/08/1984, Encounter Date and Time: 3/27/2012 04:06PM,

Examiner: Gary Fischbach

Allergies and Adverse Reactions

No Known Allergies.

Signoff Information

Electronically Signed By: GARY FISCHBACH on 11/29/2012 at 01:44 PM.

8/16/2011 4:35:00 PM

DAVID TAGER, Gender: M, DOB: 10/08/1984, Encounter Date and Time: 8/16/2011 04:35PM,

Examiner: Gary Fischbach

Chief complaint

The Chief Complaint is: Pt here to see about being put back on Xanax, Lorcet, muscle relaxer, and Rx for bladder. RKirby.

History of present illness

DAVID TAGER is a 26 year old male.

Pt with hx of C5 fracture, needs meds. Unfortunately, he was incarcerated for Methamphetamine, and as a result, I cannot help with his meds. He needs to see pain management.

Past medical/surgical history

Diagnoses:

Backache

Broken neck.

Personal history

Behavioral: Caffeine use and current smoker.

Alcohol: Not using alcohol.

Drug Use: Not using drugs.

Habits: Good exercise habits.

Work: Using seatbelts.

Marital: Single.

Physical findings

Vital Signs:

Vital Signs/Measurements	Value	Date
PR	86 bpm	8/16/2011
Blood pressure	115/75 mmHg	8/16/2011
Weight	155.6 lbs	8/16/2011
Body mass index	23.7 kg/m2	8/16/2011
Height	68 in	8/16/2011

• Temperature was 97.4 8/16/2011 04:35:00PM.

Standard Measurements:

• Body surface area was 1.8 8/16/2011 04:35:00PM.

Laboratory Studies:

• 97% percent oxygen saturation 8/16/2011 04:35:00PM.

Allergies and Adverse Reactions

No Known Allergies.

Signoff Information

Electronically Signed By: GARY FISCHBACH on 12/06/2012 at 09:28 AM.

8/8/2011 3:11:00 PM

**DAVID TAGER, Gender: M, DOB: 10/08/1984, Encounter Date and Time: 8/08/2011 03:11PM,
Examiner: Fredric Woriatx**

Chief complaint

The Chief Complaint is: Pt here for rx refills xanax and lorcet. States he just got out of prison. He use to see Dr. Schlueter. M.Johann.

History of present illness

DAVID TAGER is a 26 year old male. Source of patient information was patient - regarding pain.

Pt here to get refills on Lorcet and Xanax for his 'back pain and anxiety'. He states that he was getting those meds prior for the above problems. He Fx'd his c1/c5 vertebrae and has needed the meds since then, per pt. Muscle spasms and is taking Terazosin as well. No other issues. Assisted by Ms. P. Powell.

• Back symptoms ° No muscle aches ° No arthralgias ° No muscle cramps ° The legs do not feel restless ° No muscle spasms ° No localized joint swelling
• Anxiety ° No sleep disturbances

• Not feeling tired or poorly ° No fever ° No chills °, and No recent weight change ° No headache ° No vision problems ° No nasal discharge ° and No sore throat ° No chest pain or discomfort ° No cough ° Normal appetite ° No heartburn °, and No abdominal pain ° No changes in urinary habits ° and No dysuria ° No tendency for easy bruising ° No dizziness

Past medical/surgical history**Diagnoses:**

Backache

Broken neck.

Personal history

Behavioral: Caffeine use and current smoker.

Alcohol: Not using alcohol.

Drug Use: Not using drugs.

Habits: Good exercise habits.

Work: Using seatbelts.

Marital: Single.

Subjective

- Allergy to eggs? NO
- Allergy to latex? NO
- Allergy to yeast? NO
- Allergy to neomycin / gelatin? NO

Review of systems

Musculoskeletal: Muscle spasm in the lower back.

Skin: No rash.

Physical findings

Vital Signs:

Vital Signs/Measurements	Value	Date
RR	19 per min	8/08/2011
PR	88 bpm	8/08/2011
Blood pressure	136/82 mmHg	8/08/2011
Weight	156.4 lbs	8/08/2011
Body mass index	23.8 kg/m ²	8/08/2011
Height	68 in	8/08/2011

• Temperature.

Standard Measurements:

• Body surface area was 1.8 8/08/2011 03:11:00PM.

General Appearance:

° Alert. ° Oriented to time, place, and person. ° Well developed. ° In no acute distress.

Head:

Appearance: ° Head showed no temporal wasting.

Eyes:

General/bilateral:

Extraocular Movements: ° Normal.

Ears:

General/bilateral:

Hearing: ° No hearing abnormalities.

Lungs:

° Respiration rhythm and depth was normal.

Neurological:

Speech: ° Normal.

Motor: ° A motor exam demonstrated no dysfunction.

Psychiatric:

Mood: • Dysthymic. • Not calm.

Skin:

• Complexion was fair. ° General appearance was normal.

Laboratory Studies:

• 97% percent oxygen saturation 8/08/2011 03:11:00PM.

Assessment Lower back pain. Anxiety.

• Chronic pain syndrome
I have explained to pt that I do not practice chronic pain management (especially w/o supporting recent imaging or documentation) and chronic use of Xanax for anxiety purposes, but would use alternatives that have less addiction/abuse potential.

He denied that and wanted to get his money back and would like to see someone else for those exact meds.

Allergies and Adverse Reactions

No Known Allergies.

Plan

Follow-up visit pm.

Practice Management

New outpatient detailed h&p - low complexity decision making.

Signoff Information

Electronically Signed By: FREDRIC WORJAX on 11/17/2011 at 01:43 PM.

Current Medications For Patient TAGER, DAVID

D.O.B.(10/08/1984)

Date	Med Name	Details	Dispense	Refills	Prescriber
08/08/2011	Xanax 1 mg tablet	SIG: 1 tab(s) orally 3 times a day			
08/08/2011	Lorcet 10/650 650 mg tablet	SIG: 1 tab(s) orally 3 times a day			
08/08/2011	gabapentin 600 mg tablet	SIG: 1 tab(s) orally 3 times a day			
08/08/2011	baclofen 20 mg tablet	SIG: 1 tab(s) orally 4 times a day			



South Carolina Vocational Rehabilitation Department

Enabling eligible South Carolinians with disabilities to prepare for, achieve and maintain competitive employment.

Barbara G. Hollis, Commissioner

970-62-4250
10
12/12/13

12/6/13

~~11/06/2013~~

ROGER C. PEACE REHABILITATION HOSPITAL
701 GROVE RD.

ASAP

GREENVILLE SC 29605



RefID : 201311060498

Faxed

Fax: (864) 455-3793

David Tager - 10/08/1984

864 454-4654

The above named individual has applied to South Carolina Vocational Rehabilitation for services to prepare them for employment.

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MARSHA DEMENT, ADMINISTRATIVE TEAM SUPPORT SPEC II

AIKEN AREA OFFICE

855 YORK STREET, NE • AIKEN, SC 29801 • (803) 641-7630 • (803) 641-7733 FAX

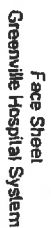
Attachment: Release and Consent Form

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DEC 03 2013

MEDICAL INFORMATION



3

Admitted	Discharged	LOS
6-21-07	8/05/08	39 days

☐ Outpatient Observation ☒ Inpatient ☐ Outpatient

Reason for Admission:

Reason for Admission:	511
Principal Diagnosis	Amh 65 Aug - Vagina and Cervix

Principal Diagnosis

Code

Secondary Diagnoses

Ameyan R/R

Phosphorus

[illegible]

Opuntia / Gleditsia - Hyptis

~~Phlox angustata~~
Cycl. palmensis
2541 (2 loc)

Operations and Procedures

CS 3900, Mech 1, gened + ME 1100 spec
w/ CS 3900 / Mech 1, gened + ME 1100 spec

WC Miller - Ferdinand. 4/1

Attending Physician's Signature:

2/10

Date: 6/28/07

Printed Name: Anna Schmitt

Greg. Robert / Castellon

Resident Physician's Signature: _____

Date: _____

Printed Name:

Date H&P Dictated: 6-21-88

Job # 297091

Date Discharge Summary Dictated:

0/4/00

Job # 313145

Date OP Note Dictated:

Job #

QW

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD
PATIENT MR#: 000-970-68-4850
PATIENT SS#: 250-59-4568

Billing NO: 100007758029

Roger C. Peace Rehabilitation Hospital

DATE OF ADMISSION: 06/27/2008
DATE OF DISCHARGE: 08/05/2008

ADMITTING DIAGNOSES:

1. Cord contusion with possible C3-C4, C4-C5, and C5-C6 interspinous ligamentous lesions, with lesion of the anterior and posterior longitudinal ligament at the level of C4-C5 disk with incomplete quadriplegia.
2. Neurogenic bowel and bladder.
3. Status post C5 corpectomy with decompression of the spinal cord C4 through C6, and anterior fusion with fibular struts, anterior instrumentation and local bone grafting and intraoperative fluoroscopy on 06/01/2008 by Dr. Chutkan at Medical College of Georgia.
4. Inferior vena cava placement on 06/02/2008 secondary to increased risk of deep venous thrombosis.
5. Postoperative dysautonomia with bradycardia and hypotension, treated for Florinef as well as Midodrine as well as a dopamine drip.
6. History of substance abuse.

DISCHARGE DIAGNOSES: Same as above. Also to include:

1. Recurrent urinary tract infections secondary to neurogenic bladder.
2. Status post cystometrogram and urodynamics due to neurogenic bladder.
3. Complaint of shoulder pain which appears to be musculoskeletal in nature.
4. Spasticity.
5. Depression.
6. Status post right AFO placement and evaluation by Prosthetic Care, now status post custom-fit AFO.

BRIEF SUMMARY OF HISTORY: The patient is a very pleasant, 23-year-old, previously functionally independent, right hand

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD

PATIENT MR#: 000-970-68-4850

PATIENT SS#: 250-59-4568

Billing NO: 100007758029

dominant, Caucasian gentleman who unfortunately dove head-first off a 10-foot platform into 2-3 feet of water with drug toxicity positive for benzodiazepines and cocaine at the time of his injury as well as elevated alcohol level of 147. The patient was also noted to have lactic acidosis. He had immediate decreased strength in bilateral upper and lower extremities. He presented to the Medical College of Georgia on 05/31/2008. He did have some loss of consciousness and he was taken out of the water by bystanders. The patient had noted spinal cord injury as noted above and underwent orthopedic spine surgery by Dr. Chutkan on 06/01/2008. He underwent inferior vena cava filter placement by Dr. Ferdinand on 06/02/2008 secondary to increased risk of DVT. He had a prolonged intensive care unit stay secondary to dysautonomia accompanied by bradycardia and hypotension requiring a dopamine drip as well as Midodrine and Flonid. He was started on Zoloft for depression. He was also placed on Lovenox and DVT prophylaxis. His pain was controlled with Neurontin and Lortab. The patient was transferred to Roger C. Peace Rehabilitation Hospital on 06/27/2008 for comprehensive rehabilitation program. At the time of admission, the patient was deemed by physical exam as an ASIA-B C5 tetraplegic secondary to C5 fracture and hemorrhagic cord contusion but has had great progression in his motor return during his hospitalization to an ASIA-C/ASIA-D tetraplegia. He has developed significant spasticity for which he has been placed on Baclofen as well as Zanaflex. His dysautonomia has improved. Initially he was wearing bilateral thigh-high TED stockings as well as SCDs and also Ace wraps and abdominal binder for blood pressure management. This has greatly improved and he is no longer having any orthostatics. His spasms are currently well controlled with Valium 5 mg b.i.d. as well as Zanaflex 4 mg at bedtime and Baclofen 20 mg q.i.d. He remains on Zoloft for post-injury depression. The patient has a significant history for substance abuse as well as multiple incarcerations due to drug use. He is a very pleasant and very sociable young man. He has been followed by Neuropsychology with regards to adjustment to disability and overall he has greatly improved with his level of socialization and his abilities to cope. The patient has a good support by his girlfriend who he plans on discharging home with. Of note, during the rehabilitation stay,

DISCHARGE SUMMARY

Page 2 of 4

CHART COPY

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD

PATIENT MR#: 000-970-68-4850

PATIENT SS#: 250-59-4568

Billing NO: 100007758029

he was continued on Lovenox for DVT prophylaxis. He will discharge home on a daily aspirin 325 mg daily. The patient's pain is being controlled with Neurontin as well as Roxicodone. With regards to his neurogenic bladder, the patient initially had a very difficult time self-cathing due to poor intrinsic strength but this has somewhat improved. He is occasionally able to self-catheterize, otherwise his girlfriend has been trained. He is on an every-other-day bowel program with good success. He was treated with ciprofloxacin for a urinary tract infection and has had 2 followup urinalyses being negative. Urodynamic studies were performed and the patient had a flaccid neurogenic bladder. From a functional standpoint, the patient is modified independent with bed mobility, modified independent with lateral pivot transfers. With floor to mat transfers, he is at supervision. He is modified independent to go from sit to stand. He has ambulated 200 feet with a rolling walker with minimal assistance. He is able to go up and down 4 steps with handrails at min assist. With occupational therapy, he is modified independent with feedings, set up grooming, modified independent with upper extremity dressing. Lower extremity dressing requires min assist only for his shoes. With recreational therapy, he is has been going to pool therapy and has been socializing well and has gone on an outing and did well in community reintegration. Neuropsychology has been working on sexuality issues as well as adjustment to disability as well as substance issues. Plan will be to discharge home with his girlfriend and her 3 children. He will follow up at MCG for physical therapy and occupational therapy and possibly aquatics. The patient will be discharged home on 08/05/2008.

DISCHARGE MEDICATIONS:

Senokot 2 tablets daily.

Colace 200 mg b.i.d.

Zanaflex 4 mg at bedtime.

Valium 5 mg at noon and at bedtime.

Baclofen 20 mg q.i.d.

Dulcolax suppository 10 mg suppository every other day.

Zolof 50 mg p.o. daily.

Pepcid 20 mg b.i.d.

Enteric coated aspirin 325 mg daily x 30 days.

DISCHARGE SUMMARY

Page 3 of 4

CHART COPY

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD

PATIENT MR#: 000-970-68-4850

Billing NO: 100007758029

PATIENT SS#: 250-59-4568

Roxicodone 5-10 mg every 4 hours p.r.n. pain.

FOLLOWUP APPOINTMENTS:

1. With Ortho Spine Clinic with Dr. Chutkan at 706-721-1801, and he will follow up with Dr. Atteberry at the Trauma Clinic at 706-721-3153.
2. He is to continue with outpatient physical therapy and occupational therapy.
3. He may follow up with myself as needed.
4. He should follow up with his primary care physician in the next month or so.

ALLERGIES: No known drug allergies.

DISCHARGE CONDITION: Good.

DISCHARGE FUNCTIONAL STATUS: The patient is at least 4 out of 5 in lower extremities except for dorsiflexion. He has had increased upper extremity strength at 4 out of 5 proximally. Intrinsic still remain weak. He has got 2 out of 5 thumb opposition. Finger extension at 2- on the right, 2+ on the left. Intrinsic are still at trace to 1 out of 5.

Cc: Dr. Chutkan, Ortho Spine Clinic, Medical College of Georgia
Cc: Dr. Atteberry, Trauma Clinic, Medical College of Georgia

ENCLOSURE
SIGNED BY
Robbins, Amy
28596
08/25/2008
10:55:13

Amy Robbins-Cantillian, MD

cc: Amy Robbins-Cantillian, MD

D: 08/04/2008 1:57 P T: 08/05/2008 9:33 A ZRS DVI: 000313665 C/S#: 2559810

X
GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD

2903 A

PATIENT MR#: 000-970-68-4850

Billing NO: 100007758029

PATIENT SS#: 250-59-4568

REFERRING PHYSICIAN: Dr. Atteberry, Medical College of Georgia

REASON FOR ADMISSION: ASIA-B C5 tetraplegia secondary to diving accident.

HISTORY OF PRESENT ILLNESS: The patient is a 23-year-old previously functionally independent right hand dominant Caucasian gentleman who unfortunately dove headfirst off a 10 foot platform into 2-3 feet of water. He did have loss of consciousness and bystanders pulled him out of the water. He had an elevated alcohol level of 147 and was noted to have lactic acidosis. Drug toxicity was positive for benzodiazepines as well as cocaine. The patient was noted to have no bilateral lower extremity movement. He had decreased strength in bilateral upper extremities. He was noted to have priapism as well as fecal incontinence. He was admitted to Medical College of Georgia Hospital on 05/31/08. Patient was noted to have a C-spine fracture with C1 posterior arch fracture on the right and C5 left laminar body fracture. MRI revealed significant cord contusion with possible C3-C4, C4-C5, and C5-C6 interspinous ligament lesions with lesions of the anterior and posterior longitudinal ligament at the level of the C4 and C5 disc. Urology was consulted secondary to priapism and neurogenic bladder, he has a Foley catheter for bladder management. Patient did undergo the steroid protocol at 5.4 mg/kg per hour over 23 hours. On 06/01/08 orthopedic spine surgery, Dr. Chutkan, took the patient to the operating room for repair of the C5 fracture with spinal cord injury. He underwent a C5 corpectomy with decompression of the spinal cord C4 through C6 and anterior fusion with fibular strut, anterior instrumentation, local bone grafting, and intraoperative fluoroscopy. On 06/02/08 the patient had inferior vena cava filter placed with radiographic supervision by Dr. Ferdinand. Patient was in the ICU postoperatively. He had a prolonged intensive care unit course secondary to dysautonomia, significant bradycardia, and hypotension. Cardiology was consulted, the patient was placed on Florinef as well as Midodrine. He initially had required a dopamine drip for blood

HISTORY AND PHYSICAL

Page 1 of 5

CHART COPY

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD

PATIENT MR#: 000-970-68-4850

Billing NO: 100007758029

PATIENT SS#: 250-59-4568

pressure management. Patient was discharged from the intensive care unit on 06/21/08. He has worked with physical therapy and has been slow to mobilize secondary to hypotension. He gets orthostatic with head elevated up to 90 degrees. He has been tolerating 55-60 degrees more easily. They just recently started bilateral TED stockings. They have not been utilizing abdominal binder or Ace wrap to lower extremities. Patient reports continence of bowel however this is not recorded. Patient is having significant pain complaints. He is currently on Neurontin and Lortab. He was placed on Lovenox for DVT prophylaxis. He was started on Zoloft for depression. He is tolerating a regular diet and is stable for transfer to Roger C. Peace Rehabilitation Hospital today.

PAST MEDICAL HISTORY: Substance abuse, otherwise negative.

SOCIAL HISTORY: the patient is single, he lives with a cousin, in a one level home, reports there are no steps to enter. He does admit to cocaine as well as tobacco and alcohol use. He denies any other illicit drugs. Patient does report that he has been in prison secondary to drug related charges. Premorbidly he was independent in all ADLs and self care. I believe the discharge plan will be home with his mother.

CURRENT MEDICATIONS:

1. Diazepam 10 mg daily at noon and at bedtime.
2. Ocular lubricant prn.
3. Gabapentin 600 mg po tid.
4. Baclofen 10 mg po bid.
5. Pepcid 20 mg bid.
6. Midodrine 10 mg po q6h.
7. Multivitamins daily.
8. Zoloft 50 mg po daily.
9. Lovenox 40 mg subcutaneous daily.
10. Hydromorphone 1 mg po q4h prn pain.

ALLERGIES: No known drug allergies.

FAMILY HISTORY: Noncontributory.

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD

PATIENT MR#: 000-970-68-4850

Billing NO: 100007758029

PATIENT SS#: 250-59-4568

REVIEW OF SYSTEMS: Patient denies headache, blurred vision. He denies any cognitive deficits. He denies chest pain or shortness of breath. He does report dizziness with sitting. He reports continence of bowel but I do not think he understands the meaning. He does report that he can sense bowel movements but is unable to hold them. He does have a Foley catheter for bladder management. He does report significant spasms in his lower extremities and pain in his neck which he rates as an 8/10. The rest of his review of systems is negative other than what has been presented above.

PHYSICAL EXAMINATION: Current vital signs are not reported at this time, this is still pending per nursing. EMS reports patient was stable throughout transfer. HEENT: Normocephalic, atraumatic. Pupils equal, round, and reactive to light and accommodation. Extraocular movements are intact. Oropharynx is clear. Patient has poor dentition. Neck is immobilized in a cervical collar. CARDIOVASCULAR: Regular rate and rhythm without murmur. LUNGS: Clear to auscultation bilaterally with good inspiratory effort. Abdomen is soft, nontender, bowel sounds are present. Extremities are without clubbing or cyanosis. He has trace pedal edema and edema of his hands. On the palmar aspect of his left hand one of the palmar creases is somewhat excoriated but no drainage noted. Neurologically he is awake and alert, oriented x3. Patient does have some slight difficulty with thought processing and multistep commands. He does require some verbal cuing. Cranial nerves II-XII are grossly intact on manual muscle testing. Biceps are 4/5 bilaterally. Triceps on the left 3/5, on the right 2+. Wrist extension on the right 2- and wrist extension on the left is 2+. Grip is trace on the right, and 1/5 on the left. Intrinsic are 0/5. Lower extremity strength proximally abduction trace to 2- depending on effort, adduction 3/5, distally 0/5. Patient has intact sensation to deep pressure, but not to light touch. He does have pinprick scattered sensation intact but this is inconsistent. On rectal exam he has good rectal tone and positive voluntary contraction. He has a positive bulbous cavernosus reflex. There was stool noted in the vault.

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD

PATIENT MR#: 000-970-68-4850

PATIENT SS#: 250-59-4568

Billing NO: 100007758029

IMPRESSION/PLAN: This is a 23-year-old, previously functionally independent, right hand dominant Caucasian male now ASIA-B C5 tetraplegia secondary to C5 fracture and hemorrhagic cord contusion.

PLAN:

1. Patient will be admitted to Roger C. Peace Rehabilitation Hospital today for physical therapy, occupational therapy, as well as neuropsychology. I am also going to consult recreational therapy as well as speech therapy for a cognitive evaluation. Patient does have some higher level cognitive dysfunction with questionable mild closed head injury secondary to loss of consciousness. History of substance abuse. Patient will be seen by neuropsychology and we will stress abstinence. We will limit narcotics as possible. We will continue with Neurontin 600 mg 3 times daily for pain and adjust dose as needed. I am going to try to wean Valium as this is not the preferred medication for spasticity at this time, especially given his history. I am going to continue his baclofen 10 mg po bid and adjust dose as needed. He did have brisk patellar reflexes but no clonus noted at the ankles.
3. Patient will continue cervical collar at all times.
4. Dysautonomia. Will continue to monitor blood pressure and heart rate closely with orthostatics. Will add abdominal binder, bilateral thigh high TED stockings, and Ace wraps to lower extremities when out of bed. Will check a BMP and CBC.
5. Neurogenic bowel and bladder. Will place the patient on a daily bowel program with Colace 100 mg twice daily, Senokot 2 tablets daily, and Dulcolax suppository with digital stimulation daily. Will discontinue Foley catheter and check a urinalysis. Will begin an in and out catheterization program q6h and consider urology consultation for urodynamics.
6. Will monitor intake and output records closely.
7. Will continue Zoloft for post-traumatic depression. Again neuropsychology will be involved.

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: TAGER, BRAD

PATIENT MR#: 000-970-68-4850

PATIENT SS#: 250-59-4568

Billing NO: 100007758029

8. DVT prophylaxis. Patient is status post IVC filter placement. Will add SCDs at night and continue with lovenox 40 mg subcutaneously daily.
9. GI prophylaxis. Will continue Pepcid.
10. I am planning on weaning midodrine from 10 mg po q6h which is his current dose to q12h hours for three days then daily x3 days then discontinue. I think with good fluid intake as well as abdominal binder, Ace wraps, and TED stockings patient's orthostatics should improve.
11. Estimated length of stay is 3-4 weeks.
12. Functional prognosis is good from a wheelchair level. Patient has long-term potential for possible ambulation, but this cannot be determined at this time. He is developing proximal strength. I think he will most likely be discharged from here at the wheelchair level.

Vital signs have been obtained. Temperature is 97.1, respirations 18, heart rate 56, blood pressure 107/58 and the patient is lying supine.


Amy Robbins-Cantillian, MD

CC: Amy Robbins-Cantillian, MD

D: 06/27/2008 2:52 P T: 06/28/2008 5:50 P ZRO DVI: 000292996 C/S#: 2533508

08/06/2008
05:15

*** FINAL DISCHARGE COPY *** DO NOT DESTROY ***
ROGER C PEACE REHAB HOSPITAL
701 Grove Road, Greenville, SC 29605

PAGE 1

NAME: TAGER, BRAD
MR#: 970684850
DOB: 10/08/1984
ATTENDING PHYS: ROBBINSCANTILLIAN
ADMITTED: 06/27/2008
SS#: 250594568
AGE: 23Y
MD, AMY
SEX: M
DISCHARGED: 08/05/2008

ROOM: 2903AR
LOC: GM2I
ACCT#: 100007758029

***** HEMATOLOGY PROFILE *****

DAY: 2
DATE: 06/28/08
TIME: 0620
LOC: GM2I
FOOTNOTE: #1
NORMAL UNITS

WBC	8.3	4.8-10.8	TH/mm3
RBC	4.04 L	4.5-5.9	MIL/mm3
HGB	11.8 L	13.5-17.5	g/dL
HCT	34.8 L	41-53	%
MCV	86.0	80-100	fL
MCH	29.3	26-34	pg
MCHC	34.0	31-37	g/dL
RDW	13.6	13.2-16.0	%
PLT COUNT	228	140-440	TH/mm3
MPV	8.7	7.4-10.4	fL

#1 ALL TESTS = (GM)

***** ORGAN & DISEASE SPECIFIC PANELS *****

DAY: 2
DATE: 06/28/08
TIME: 0620
LOC: GM2I
FOOTNOTE: #1
NORMAL UNITS

POTASSIUM	4.0	3.5-5.1	mMol/L
SODIUM	141	137-145	mMol/L
CHLORIDE	104	101-111	mMol/L
CARBON DIOXIDE	30	22-32	mMol/L
ANION GAP	7	7-16	mMol/L
GLUCOSE	93	74-100	mg/dL
BUN	12	8-26	mg/dL
CREATININE	1.0	0.9-1.2	mg/dL
CALCIUM	9.8	8.9-10.3	mg/dL
TOTAL BILIRUBIN	0.6	0.3-1.2	mg/dL
ALBUMIN	3.2 L	3.5-4.8	g/dL
TOTAL PROTEIN	5.9 L	6.1-7.9	g/dL
ALKALINE PHOS	65	32-91	U/L

NAME: TAGER, BRAD
08/06/2008
05:15

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MRN: 970684850
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PAGE 1

08/06/2008 05:15

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ROGER C PEACE REHAB HOSPITAL
701 Grove Road, Greenville, SC 29605

PAGE 2

NAME: TAGER, BRAD
MR#: 970684850
DOB: 10/08/1984
AGE: 23Y
ATTENDING PHYS: ROBBINSCANTILLIAN MD, AMY
SEX: M
ADMITTED: 06/27/2008
DISCHARGED: 08/05/2008

ROOM: 2903AR
SS#: 250594568

LOC: GM2I
ACCT#: 100007758029

***** ORGAN & DISEASE SPECIFIC PANELS *****

DAY: 2
DATE: 06/28/08
TIME: 0620
LOC: GM2I
FOOTNOTE: #1
NORMAL UNITS

	17	1-51	U/L
AST (SGOT)	31	1-51	U/L
ALT (SGPT)	>90	1-52	U/L
GFR CAUCASIAN	>90		mL/min/1.73m2
GFR NON CAUCAS	>90		mL/min/1.73m2

#1 POTASSIUM, SODIUM, CHLORIDE, CARBON DIOXIDE, ANION

GAP, GLUCOSE, BUN, CALCIUM, TOTAL BILIRUBIN, ALBUMIN, TOTAL PROTEIN, ALKALINE
PHOS, AST (SGOT), ALT (SGPT), GFR CAUCASIAN = (GM)

CREATININE = Creatinine method has been standardized to the
internationally accepted isotope dilution/mass spectrometry (IDMS)
method. The new GFR will be approximately 5% less than before.
(GM)

GFR NON CAUCAS = National Kidney Foundation Stages of CKD

.....
Stage 1 CKD = GFR >89
Stage 2 CKD = GFR 60-89
Stage 3 CKD = GFR 30-59
Stage 4 CKD = GFR 15-29
Stage 5 CKD = GFR <15
(GM)

NAME: TAGER, BRAD
08/06/2008
05:15

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CONTINUED

MRN: 970684850 RM: 2903AR
LOC: GM2I
SSN: 250594568
PAGE 2

PAGE 3

LOC:GM2I
ACCT#:100007758029

ROUTINE URINALYSIS *****

NORMAL UNITS

COLOR CHARACTER SPEC GRAVITY	Yellow Opaque 1.011	Yellow Clear 1.016	Yellow Clear 1.026	1.003-1.035
PROTEIN	30	Neg	Neg	NEG
GLUCOSE	Neg	Neg	Neg	NEG
KETONES	Neg	Neg	Neg	NEG
BILIRUBIN	Neg	Neg	Neg	NEG
HEME	MODR	Neg	Neg	NEG
NITRITE	pos	Neg	Neg	NEG
UROBILINOGEN	0.2	0.2	0.2	0.1-1.0
LEUKOCYTES	Large	Small		NEG
PROTEIN CONFIRM	trace	*		
RBC URINE	42	H	1	0-3
WBC URINE	481	H	4	0-3
SQUAMOUS EPITH	61	H	1	0
HYALINE CASTS	3	TO	1	
BACTERIA	2	Neg		

#1 COLOR, CHARACTER, SPEC
GRAVITY, PH, PROTEIN, GLUCOSE, KETONES, BILIRUBIN, NITRITE, UROBILINOGEN,
LEUCOCYTES, PROTEIN, CONFIRM, RBC URINE, WBC URINE, SQUAMOUS EPITH, HYALINE
CASTS, BACTERIA = (GM)
HEME = Moderate

#2 COLOR, CHARACTER, SPEC GRAVITY, PH, PROTEIN, GLUCOSE, KETONES, BILIRUBIN, HEME, NITRITE, UROBILINOGEN, LEUKOCYTES, RBC URINE, WBC URINE, SQUAMOUS EPITH, HYALINE CASTS, BACTERIA = (GM)

#3 COLOR, CHARACTER, SPEC GRAVITY, PH, PROTEIN, GLUCOSE, KETONES, BILIRUBIN, HEME, NITRITE, UROBILINOGEN, LEUKOCYTES = (GM)

MRN: 970684850
LOC: GM21 RM: 2903AR
SSN: 250594568 PAGE 3

08/06/2008
05:15

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ROGER C PEACE REHAB HOSPITAL
701 Grove Road, Greenville, SC 29605

PAGE 4

NAME: TAGER, BRAD
MR#: 970684850
DOB: 10/08/1984
ATTENDING PHYS: ROBBINSCANTILLIAN MD, AMY
ADMITTED: 06/27/2008
DISCHARGED: 08/05/2008

ROOM: 2903AR
SS#: 250594568
SEX: M
LOC: 6M2I
ACCT#: 100007758029

06/28/2008 URINE CULTURE BACTERIOLOGY *****
ACC. NO.: F23688 ORDERING PHYS: ROBBINSCANTILLIAN MD
SPECIMEN: URINE, CATH TRANSPORT TIME: 0.4 FINAL 07/02/2008

CULTURE: 1. GREATER THAN 100,000 COL/ML Staphylococcus aureus
2. GREATER THAN 100,000 COL/ML Pseudomonas fluorescens

(KIRBY BAUER)

2. Pseudomonas fluorescens

COST INDEX	ANTIBIOTIC	INTERPRETATION
17	CIPROFLOXACIN	RESISTANT
31	CEFEPIME	SUSCEPTIBLE
1	IMIPENEM	SUSCEPTIBLE
	TRIMETH SULFAMETH	SUSCEPTIBLE
	TETRACYCLINE	SUSCEPTIBLE

(MINIMUM INHIBIT CONC)

1. Staphylococcus aureus

COST INDEX	ANTIBIOTIC	INTERPRETATION
4	AMOXICILL/CLAV ACID	SUSCEPTIBLE
	CEFAZOLIN	SUSCEPTIBLE
	LEVOFLOXACIN	SUSCEPTIBLE
	NITROFURANTOIN	SUSCEPTIBLE
6	OXACILLIN/NAFCILL	SUSCEPTIBLE
4	PENICILLIN	SUSCEPTIBLE
17	AMPICILLIN SULBACT	SUSCEPTIBLE
1	TRIMETH SULFAMETH	SUSCEPTIBLE
5	VANCOMYCIN	SUSCEPTIBLE

NAME: TAGER, BRAD
08/06/2008
05:15

MRN: 970684850
LOC: 6M2I
SSN: 250594568
RM: 2903AR
PAGE 4

*** FINAL DISCHARGE COPY *** DO NOT DESTROY ***
CONTINUED

08/06/2008
05:15

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ROGER C PEACE REHAB HOSPITAL
701 Grove Road, Greenville, SC 29605

PAGE 5

NAME: TAGER, BRAD
MR#: 970684850
DOB: 10/08/1984
ATTENDING PHYS: ROBBINSCANTILLIAN MD, AMY
ADMITTED: 06/27/2008
DISCHARGED: 08/05/2008

ROOM: 2903AR
SS#: 250594568
AGE: 23Y
SEX: M

LOC: GM21
ACCT#: 100007758029

***** BACTERIOLOGY (CONTINUED) *****
07/14/2008 URINE CULTURE ORDERING PHYS: ROBBINSCANTILLIAN MD
1550 ACC. NO.: M7755 TRANSPORT TIME: 0.3 FINAL 07/16/2008
SPECIMEN: URINE, CATH

CULTURE: 1. No growth OR No clinically significant
growth after 2 days

08/01/2008 URINE CULTURE ORDERING PHYS: KOPERA MD, KEVIN
+ 2245 ACC. NO.: F8845 TRANSPORT TIME: 0.8 FINAL 08/03/2008
SPECIMEN: URINE, CATH

CULTURE: 1. No growth OR No clinically significant
growth after 2 days

(GM) Performed at Greenville Memorial Hospital 701 Grove Road
Greenville, SC 29605

NAME: TAGER, BRAD
08/06/2008
05:15

MRN: 970684850
LOC: GM21
SSN: 250594568
RM: 2903AR
PAGE 5

*** FINAL DISCHARGE COPY *** DO NOT DESTROY ***
END OF REPORT

Representative J. Roland Smith
Member, SC House of Representatives
183 Edgar Street
Warrenville, SC 29851

RECEIVED
MAR 20 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Keck, Ex. Director
POB 8206
SC Dept. of Health and Human Services
Columbia, SC 29202-8206

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

log # 327

TO <i>Supra</i>	DATE <i>3-20-14</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000327	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: dequach, tpost</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-1-14</i> DATE DUE <i>3/27/14</i>		
RECEIVED MAR 24 REC'D FEEMS FOIA NTIS Date Data			

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Caroleyn Roach</i>	<i>3/25/14</i>		
2. <i>Sharon Menden</i>	<i>3/24/14</i>		
3. <i>Caroleyn Roach</i>	<i>3/25/14</i>		
<i>[Signature]</i>	<i>3/31/14</i>		

E. Balute

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8205 > Columbia, SC 29202
www.scdhhs.gov

Mr. David Tager
111 Edgemont Street
Aiken, SC 29801

Dear Mr. Tager:

Representative J. Roland Smith contacted our Agency on your behalf regarding your application for Medicaid benefits.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. An individual under the age of 65 must be determined disabled. The Medicaid program uses the same disability guidelines as the Social Security Administration when determining disability.

Our records indicate that you applied for Medicaid under the Aged, Blind or Disabled (ABD) program on February 20, 2014. Since Medicaid uses the same disability rules as the Social Security Administration, we must await their decision, before we can determine your Medicaid eligibility.

If you have questions regarding the Medicaid program, you may contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

We appreciate your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,



Beth Hutto
Deputy Director for Eligibility, Enrollment
& Member Services

BH:j



NILKI HALEY GOVERNOR
ANTHONY KECK DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

The Honorable J. Roland Smith
Member, SC House of Representatives
183 Edgar Street
Warrenville, SC 29851

Dear Representative Smith:

Thank you for contacting our Agency regarding Medicaid eligibility on behalf of Mr. David Tager.

Ms. Carolyn Roach in our Office of Member Relations has been in contact with Mr. Tager, regarding his Medicaid application. If Mr. Tager has questions regarding his application, he may contact Ms. Roach and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

We appreciate your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Anthony E. Keck
Director

AEK/sj



J. Roland Smith
District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ways and Means, 3rd V.C.
Transportation and Regulatory
Subcommittee, Chairman
Revenue Policy
Invitations & Memorial Resolutions



House of Representatives

State of South Carolina

522B Blatt Building
P.O. Box 11867
Columbia, SC 29211
Tel (803) 734-3115

RECEIVED

March 19, 2014

MAR 20 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Keck, Ex. Director
POB 8206
SC Dept. of Health and Human Services
Columbia, SC 29202-8206

Dear Mr. Keck:

I write on behalf of Mr. David Tager, REF ID 201311060475, of 111 Edgemont Street, Aiken, SC 29801, (803-226-4088) or (803-257-5096), who has applied for Medicaid and have enclosed information pertaining to his medical records and medications.

He is only 29-years old and he has been suffering for quite some time. His mother is greatly concerned about his health and his situation. He spent some time at SC Vocational Rehab in Greenville and has been served at the Aiken office. I would appreciate any assistance you can offer Mr. Tager.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Roland Smith".

J. Roland Smith

JRS/vhr/2014march19-1

Enclosure

cc: Mr. David Tager

Mr. David Tager
111 Edgemont Street
Aiken, SC 29801

Dear Mr. Tager:

Representative J. Roland Smith contacted our Agency on your behalf regarding your application for Medicaid benefits.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. An individual under the age of 65 must be determined disabled. The Medicaid program uses the same disability guidelines as the Social Security Administration when determining disability.

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We appreciate your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

John R. Supra
Deputy Director and CIO

JRS:j



INTEROFFICE MEMORANDUM

TO: CEP
FROM: CAROLYN ROACH
SUBJECT: DAVID TAGER, HH# 101275031
DATE: MARCH 21, 2014
CC: [NAME]

The attached medical information was received attached to a log letter from Representative J. Roland Smith. Please scan into OnBase. Thanks.

Application date - 2/20/14

Phone # 803 - 257-5096
803-226-4088 *

3/21/14 - Talked to Mr. Tager and
explained disability proceeds.



South Carolina Vocational Rehabilitation Department

Enabling eligible South Carolinians with disabilities to prepare for, achieve and maintain competitive employment.

Barbara G. Hollis, Commissioner

11/06/2013

Margaret J. Weston
Community Health Center
1211 University Lane
Aiken SC 29801

Fax: (803) 649-2231
David Tager - 10/08/1984

RefID : 201311060475

Faxed



The above named individual has applied to South Carolina Vocational Rehabilitation for services to prepare them for employment.

Please forward records relating to diagnosis and treatment. I have enclosed a release statement signed by David Tager.

This page must be on the top of your report.

Please send records to:

855 YORK STREET, NE

AIKEN, SC 29801

Copying Fees for Medical Records

Photocopying records (1-19 pages)	MedRecords	\$15.00
When some type of professional involvement is required in addition to photocopying the records, or when an extremely large amount of records are copies, usually 20 pages or more	MedRecords	\$25.00
When professional review of records is required by a physician along with a discussion of a report	MedRecords	\$30.00

If you have any questions, please contact me at (803) 641-7630.

MARSHA DEMENT, ADMINISTRATIVE TEAM SUPPORT SPEC II

AIKEN AREA OFFICE

855 YORK STREET, NE • AIKEN • SC 29801 • (803) 641-7630 • (803) 641-7733 FAX

Attachment: Release and Consent Form

AIKEN AREA OFFICE

855 YORK STREET, NE • AIKEN • SC 29801 • (803) 641-7630

Aiken1001

NOV 22 2013



South Carolina Vocational Rehabilitation Department
*Enabling eligible South Carolinians with disabilities to prepare for,
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Barbara G. Hollis, Commissioner

11/06/2013
 Margaret J. Weston
 Community Health Center
 1211 University Lane
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 AIKEN AREA OFFICE
 855 YORK STREET, NE-AIKEN-SC 29801 • (803) 641-7630 • 641-7733 FAX

Attachment: Release and Consent Form.

AIKEN AREA OFFICE
 855 YORK STREET, NE-AIKEN-SC 29801 • (803) 641-7630

Aiken1001

NOV 22 2013

NOTICE

South Carolina Department of Health and Human Services

Pharmacy Benefits Administration

The South Carolina Department of Health and Human Services (SCDHHS) has published a Request for Information (RFI) concerning its Pharmacy Benefits Administration procurement. The agency has posted the RFI at the following URL:

<http://www.scdhhs.gov/site-page/contract-library>

Please select "Pharmacy Benefits Administration RFI #1."

Vendors and other interested parties are encouraged to provide responses to this RFI. The due date for responses is January 24, 2014. Submission information is contained in the RFI.

RECEIVED

MAR 20 2014

SCDHHS
Office of General Counsel

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:		\$ _____
Total Amount Due SCDHHS:		\$ _____

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: _____