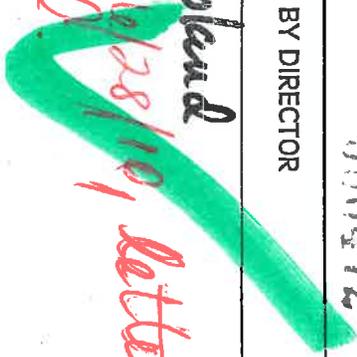


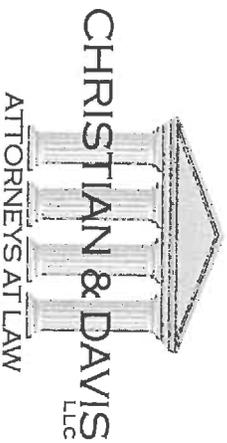
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singleton/FOIA</i>	<i>10-4-10</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>100472</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>CC: Stensland</i> <i>Cloud 10/28/10, letter attached</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <i>WFOIA</i> DATE DUE <i>10-25-10</i> <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.			



RECEIVED

JUN 03 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

June 02, 2010

SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

**RE: McLeod Regional Medical Center of the Pee Dee, Inc., d/b/a McLeod
Medical Center-Darlington
701 Cashua Ferry Road, Darlington, South Carolina**

Dear Sir or Madam:

I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513.

If this cost is going to exceed \$100.00, please notify me of same prior to providing me with the information. I would greatly appreciate it if you would provide this information to me within the next 20 days. I look forward to hearing from you.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC

Kirsten Harkness
Paralegal to Matthew Christian

/kch

W. Harold Christian, Jr.
Richard V. Davis
Matthew W. Christian
Joshua D. Christian
Workers' Compensation
Auto & Truck Collisions
Insurance Litigation
Social Security Disability
Serious Personal Injury
Medical & Nursing
Home Negligence

P.O. Box 332 Greenville, SC 29602
1007 E. Washington St. Greenville, SC 29601
Phone (864)232-7363 Fax (864)370-3731 www.christiandavislaw.com



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: _____

Matthew Christian, Esquire
June 28, 2010
Page 2

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,



Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures

cc: Lynette Wilson, Receivables (w/o enclosures)