

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>7-7-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center">000043</p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia J. J. [Signature]</i> <i>attached. [Signature]</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-18-06</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

RECEIVED

JUL 07 2006

GEORGETOWN RADIATION THERAPY CENTER
2405 N FRASER STREET
GEORGETOWN, SC 29440
(843) 545-5600

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SOUTH CAROLINA MEDICAID
MEDICAL DIRECTOR
PO BOX 8206
COLUMBIA, SC 29202

Dear Medicaid Representative:

Marilyn J. Lambert is being seen at our facility and has run out of approved Ambulatory visits.

I am requesting approval for Ms. Lambert's extra visits.

Patient Name: Marilyn J. Lambert
Recipient's Medicaid Number: 2223735501
Doctor's Medicaid Provider Number: GP3906

Ms. Lambert will need treatment for Breast Cancer and will need more visits with us in the next 7 weeks.
She will be treated 5 times a week for Radiation Therapy.

Sincerely yours,



Mishell B. Wallace
Finance Billing Coordinator



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

July 14, 2006

Mishell B. Wallace
Finance Billing Coordinator
Georgetown Radiation Therapy Center
2405 N. Fraser Street
Georgetown, South Carolina 29440

Re: Marilyn J. Lambert

Dear Ms. Wallace:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support additional physician office visits when medically necessary. In order to request that the agency support these additional visits, however, the attending physician must correspond with me directly. I will need information regarding the specific medical necessity for the additional visits and the number of additional visits she is estimated to need between now and June 30, 2006. Please have the attending physician correspond with me subsequently so that I may move this request forward.

If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script that reads "Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bk

Log # 43

