


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                        |                       |
|------------------------|-----------------------|
| TO<br><i>Singletan</i> | DATE<br><i>2-4-09</i> |
|------------------------|-----------------------|

| DIRECTOR'S USE ONLY  | ACTION REQUESTED  |
|--|---|
| 1. LOC NUMBER<br><i>100421</i>   | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____   |
| 2. DATE SIGNED BY DIRECTOR<br><i>cc: Myers, Hamilton</i><br> | <input type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE _____<br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><input checked="" type="checkbox"/> Necessary Action |

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office Of Inspector General

Washington, D.C. 20201

JAN 30 2009

**RECEIVED**

FEB 04 2009

Director  
Department of Health and Human Services  
P O Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Director:

Re: Bertha Wilson  
6270 Shetland St.  
Sumter, SC 29154

Owner/Transportation Company

LICENSE #: N/A  
MEDICARE PROVIDER NO.: Unknown  
SANCTION AUTHORITY: 1128(b)(7)  
OI FILE NO.: 4-06-40198-9

DOB: 10/11/1962  
SSN: 251-29-5836  
UPIN: N/A

MEDICARE PROVIDER NO.: Unknown

SANCTION AUTHORITY: 1128(b)(7)

OI FILE NO.: 4-06-40198-9

EFFECTIVE DATE: October 1, 2008

The subject identified above is being permanently excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action was effective with the date shown above.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX program as of the effective date of this action.

**Please note that the subject is not entitled to be reinstated to the Federal programs. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject.**

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the Special Agent in Charge for Investigations if you receive any such claim.

Sincerely,

*Maureen R. Byer*

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations