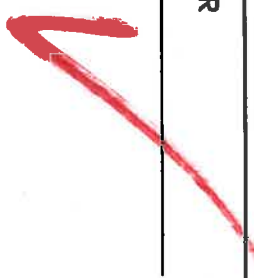


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>1-9-08</i>
------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000337</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input checked="" 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.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

DEC 31 2007

RECEIVED

Director

Department of Health and Human Services

P.O. Box 8206

Columbia, SC 29202

JAN 09 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Director:

Re: Cox Ambulance Service

Transportation Company

312 S. Pine Street

DOB: N/A

Marion, SC 29571

EIN: Unknown

LICENSE NO: None

UPIN: N/A

SANCTION AUTHORITY: 1128(b)(7)

MEDICAID PROVIDER NO: None

MEDICARE PROVIDER NO: None

OI FILE NO: 4-05-40509-9

EFFECTIVE DATE: October 5, 2007

Effective with the date above, the subject identified above is being permanently excluded from participation in the Medicare, Medicaid, and all Federal health care program as defined in section 1128B(f) of the Social Security Act (Act).

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 claims.

Sincerely,

*Maureen R. Byer*

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations