

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Single fax/FOIA</i>	DATE <i>4-25-12</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100411</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Single fax/COS, Steward Claude Stirling, letter attached.</i>	<input checked="" type="checkbox"/> FOIA	DATE DUE <i>5-11-12</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

APR 25 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR



April 24, 2012

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

**RE: Piedmont Living Center (now operating as Alpha Health & Rehab of Greer)
401 Chandler Road, Greer, SC 29651-1243**

Dear Ms. Putnam

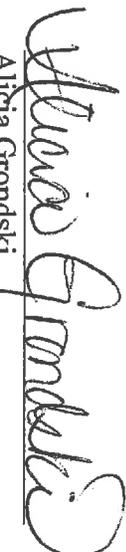
Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports submitted by the above named provider for any contract periods between 2008 and 2011, inclusive, and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC


Alicia Grondski
Paralegal to Matthew Christian

/ag

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: _____



Log # 020411

May 11, 2012

Ms. Alicia Grondski
Paralegal to Matthew Christian
P. O. Box 332
Greenville, SC 29602

Re: FOIA Request – Piedmont Living Center (now operating as Alpha Health
& Rehab of Greer)

Dear Ms. Grondski:

In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is thirty-four and 20/100 dollars (\$34.20). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

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

Sincerely,


Linda Hillian
Paralegal

/h

Enclosures

cc: Lynette D. Wilson, Receivables