

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

ACTION REFERRAL

| | |
|---------------------|------------------------|
| TO Jacobs | DATE 1-30-08 |
|---------------------|------------------------|

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|--|--|--|--|
| 1. LOG NUMBER 2/7/08 000403 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 2-8-08 <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action | | |
| 2. DATE SIGNED BY DIRECTOR | | cc: Fast, Quintan Close per Jennifer Jacobs, see attached e-mail. | |

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

From: Rep J. Roland Smith

1-28-68

Sherry (wife)

James C. Sanders, Jr.

200 Townsend St.

Cleaver, SC 29832

(803) 593-2819

SSN 251 48 3371

DOB 12-25-35

Had open heart surg. @
University Hosp. 1-3-68
Had to go back in surg.
that night due to bleeding

Mr. Sanders has Medicare A+B
No drug plan.

Told Mr. Sanders about
Medication Assistance
Program



AGING & DISABILITY

INFORMATION CENTER

SPACES

A Program of Lower Savannah Council of Governments

MEDICATION ASSISTANCE PROGRAM

Dear Client,

Thank you for calling about our free prescription program.

To qualify you must not have any prescription insurance. On average drug companies require the total household income to be below:

- ❖ \$18,000 for singles
- ❖ \$24,000 for couples
- ❖ \$35,000 for a family of four.

Here is the list of **what you must bring** when you come to apply:

- ❖ The written original prescriptions you need filled. They must be for BRAND NAME medicines only and for 90 DAY SUPPLY. Each prescription must be written on a SEPARATE form.
- ❖ Social Security Card for each person in the household
- ❖ Your driver's license or photo ID
- ❖ Most recent Income Tax return (2003) showing Adjusted Gross Income if you filed
- ❖ Proof of current income for all household members:
 - If employed payroll stubs for past 4 pay periods showing the Year to Date total earnings
 - If receiving Social Security a copy of the most recent Benefit Statement showing your monthly benefit and the most recent end of year statement showing your yearly benefit for the past year
 - If receiving other benefits such as pension the monthly Statement of income including the year to date income and the annual statement of benefits for the past year
- ❖ If you have them you must also bring:
 - Your Medicare Cards
 - Your Insurance Cards
- ❖ If you applied for Medicaid or disability and were terminated or denied a copy of the letter of termination or denial
- ❖ You must also have with you the following information if it is not on the written prescription:
 - Name of each doctor who prescribed for you with the complete office address including zip code and office phone and FAX for each doctor

We will ask you to estimate your monthly out of pocket medical expenses such as costs for doctor's visits, hospital fees, prescriptions, and other medical fees.

When you have all of the documents and information call I and I will set up an appointment for you. My number is 649 7981. Allow 3 hours for your appointment.

If you care for young children, please **make arrangements for childcare** since there is no place for the children to wait during the appointment. Kindly give 24 hours notice if you are unable to keep the 3 hour appointment.

Sister JoAnne Goecke, DC
MAP Coordinator

Log #4031 ✓

From: Lena Girgis
To: Brenda James
Date: 2/7/2008 9:01 am
Subject: Fwd: Log 0403-Representative Smith-James C. Sanders

Log 0403 doesn't need written correspondence. Please see below from Jenny. Thanks.

>>> Jennifer Dabbs 02/07/08 8:52 AM >>>
No written response necessary-please close log.

Kendall says Bryan will let Rep. Smith know that we are working with the family when he sees him this morning. We've already been in contact with the family. Thanks!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov