

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

**ACTION REFERRAL**

TO <i>Supra</i>	DATE <i>11/14/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000172</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <hr/> <i>CC: Beck, Lynch</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11/01/13</i>
<i>cleared 12/30/13, letter attached</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE _____

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

**J. Roland Smith**  
District No. 84 - Aiken County  
183 Edgar Street  
Warrenville, SC 29851



**522B Blatt Building**  
P.O. Box 11867  
Columbia, SC 29211  
  
Tel. (803) 734-3115

**Committees:**  
Ways and Means, 3rd V.C.  
Transportation and Regulatory  
Subcommittee, Chairman  
Revenue Policy  
Invitations & Memorial Resolutions

**House of Representatives**  
State of South Carolina

November 12, 2013

Mr. Anthony Keck, Ex. Director  
POB 8206  
SC Dept. of Health and Human Services  
Columbia, SC 29202-8206

Dear Mr. Keck:

I write concerning Mr. Donald Laird of 127 Laird Drive, Warrenville, SC 29851, SSN 248-13-6476, telephone 803-295-2656, and DOB 5/21/1958, and have enclosed his doctor's statement.

His doctor states that he is suffering from several abdominal pain and hematuria and needs immediate, full urology evaluation to determine his medical problems. According to Mr. Laird, he has suffered several heart attacks with extreme pain in his lower extremities.

Please assist Mr. Laird with his request for assistance. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Roland Smith".

J. Roland Smith

JRS/vhr/2013nov12-

Enclosure

cc: Mr. Donald Laird, 127 Laird Drive, Warrenville, SC 29851

**RECEIVED**

NOV 14 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

# CENTER FOR PRIMARY CARE

410 Hitchcock Parkway

Aiken, SC 29801

Phone: (803) 649-6941 Fax: (803) 649-7966

November 11, 2013

**Regarding:** DON LAIRD  
Date of Birth: 05/21/1958

To Whom It May Concern:

My patient, Don Laird is suffering from severe abdominal pain and hematuria. He needs an immediate, full urological evaluation.

If I can be of further assistance, please let me know.

Sincerely,



Howard G Royal MD

**RECEIVED**

NOV 14 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

December 30, 2013

The Honorable J. Roland Smith  
United States House of Representatives  
District Number 84 – Aiken County  
183 Edgar Street  
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for your letter on behalf of your constituent, Mr. Donald Laird, who contacted you regarding his need for medical treatment.

Based on review of Mr. Laird's case, he is eligible and has retroactively been approved for Medicaid coverage effective February 1, 2013. A urology related examination and related treatment provided by a South Carolina Medicaid enrolled provider will be covered by SC Medicaid.

In the event Mr. Laird has received any treatment since becoming eligible for Medicaid, reimbursement may also be available once he provides a copy of the card to his treatment providers. My staff has reached out to Mr. Laird to update him on the status of his case.

We appreciate your leadership and continued support of the Medicaid program.

Sincerely,



Bryan Kost  
Chief of Staff

