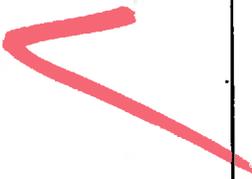


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
Singleton	7-3-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000001	<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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

*Log: A. Smolton
Nec act.*

JUN 29 2007

Washington, D.C. 20201

RECEIVED

JUL 02 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Director
Department of Health and Human Services
P. O. Box 8206
Columbia, South Carolina 29202-8206

Dear Director:

RE: Convalescent Transports, Inc.
c/o Brian Conner, Inmate #25139-056

Transportation Company

FCI Fort Dix
P. O. Box 2000
Fort Dix, NJ 08640
LICENSE NO: None
MEDICARE PROVIDER NO: None
SANCTION AUTHORITY: 1128(a)(1)
OI FILE NO: 4-01-40395-9

DOB: N/A
EIN: 56-1683567
MEDICAID PROVIDER NO: None
UPIN: None

The subject identified above is being excluded from participation in the Medicare, Medicaid, and **all** Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, you must 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 reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.

In the interim, if the subject 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 Regional Inspector General for Investigations if you receive any such claims.

Sincerely,

Maureen R. Byer

Maureen R. Byer
Director
Exclusions Staff
Office of Investigations