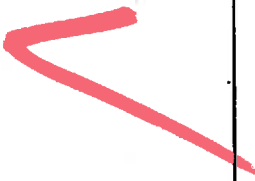


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO  <b>Singleton</b>	DATE  <b>7-3-07</b>
----------------------------	---------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER	<b>000001</b>	<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

*Log: A. Smelter  
Nec act.*

JUN 29 2007

Washington, D.C. 20201

Director

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

**RECEIVED**

JUL 02 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Director:

RE: Convalescent Transports, Inc.	Transportation Company
c/o Brian Conner, Inmate #25139-056	
FCI Fort Dix	
P.O. Box 2000	DOB: N/A
Fort Dix, NJ 08640	EIN: 56-1683567
LICENSE NO: None	MEDICAID PROVIDER NO: None
MEDICARE PROVIDER NO: None	UPIN: None
SANCTION AUTHORITY: 1128(a)(1)	
OI FILE NO: 4-01-40395-9	

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