

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>4-24-07</i>
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<p align="center">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER 000675</p> <p>2. DATE SIGNED BY DIRECTOR <i>cc: Bowling, Singleton</i></p>	<p align="center">ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____</p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input checked="" type="checkbox"/> Necessary Action</p>
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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
Centers for Medicare & Medicaid Services
61 Forsyth St. Suite 4120
Atlanta, Georgia 30303-8909

CENTERS for MEDICARE & MEDICAID SERVICES



April 23, 2007

Catawba Rehabilitation Services
231 Herlong Avenue, P.O. Box 4305
Rock Hill, SC 29732

Josy- Wells
"Mrs. Ogden"
Cc: Beverly
Singleton

RECEIVED
APR 24 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: OPT/SP Provider No.: 42-6579

Dear Administrator:

The Centers for Medicare & Medicaid Services (CMS) is assigning identification numbers to every existing extension location of a primary site outpatient therapy provider (OPT). The identification system is being implemented nationally and will uniquely identify every extension location of every OPT certified to participate in the Medicare outpatient therapy provider program. It will link the primary site to the extension locations.

Each extension location will be numbered with the same federally assigned provider number as the primary site with two modifications. There will be a "P" between the state code and four-digit provider designation plus three more digits for a 10-character extension location identifier. Extension location identification numbers will be used only once. In the event that an OPT extension location closes, its unique extension location identification number is terminated and not re-used to identify another extension location of that OPT.

On the next page, please review the information we have on file for your primary site and take note of your assigned extension location identification numbers.

Should you have any questions concerning this matter, please contact Willie Tucker at (404) 562-7470.

Sincerely,

/s/

Sandra M. Pace
Associate Regional Administrator
Division of Survey and Certification

**NOTE TO THE FISCAL INTERMEDIARY:
THIS LETTER REPLACES THE HCFA-2007, PROVIDER TIE-IN NOTICE.**

**THE NAME, ADDRESS AND MEDICARE PROVIDER NUMBER FOR YOUR
PRIMARY SITE IS:**

Name: **Catawba Rehabilitation Services**

Address: **231 Herlong Avenue, P.O. Box 4305, Rock Hill, SC 29732**

Provider Number: **42-6579**

The following are your extension locations and Federally-assigned extension location identification number(s) associated with the above primary site OPT:

Extension Location Name and Address

Catawba Rehabilitation Services
8351 Charlotte Highway
Rock Hill, SC 29715

Extension Location ID Number

42P6579001