

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>7-7-06</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000046	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-18-06</i>	
<i>Cleaved 7/26/06, letter attached.</i>		<input type="checkbox"/> FOIA DATE DUE _____	
		<input 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.			

**FAMILY MEDICAL CENTER OF BLACKVILLE**

19340 Solomon Blatt Ave

Blackville, SC 29817

Phone: (803) 284-1045 Fax: (803) 284-3094

Lucille Miller, CFNP, Janet McKissick, MD

**RECEIVED**

PatientID: 0015365

Patient Name: BETTY MCCOY

Date of Birth: 02/09/1948

Date of Service: 07/06/2006

JUL 07 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 6, 2006

Medical Director

DHHS

P.O.Box 8206

Columbia, South Carolina 29202

Dear Dr. Burton,

Please accept this letter on behalf of our patient, Betty Mccoy, Medicaid # 1061371201. She has a number of illnesses including diabetes, hypertension, osteoarthritis, hyperlipidemia, and obesity. She has also had recurrent ENT problems and a recent ENT surgery, in addition to a recent hospitalization for bronchitis/ early pneumonia.

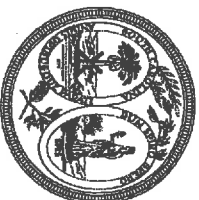
Following a review of her chart, including exacerbations of above conditions, it is my medical opinion that this patient will probably require thirty visits per year, unless her medical condition should improve. She also needs further prescriptive assistance in that she is routinely on 12 medications. Thank you for your assistance to our patient.

If further documentation is necessary, I will provide the data needed immediately.

Truly yours,



Richard Boyles # 12925,  
preceptor for Lucille Miller,  
CFNP APN 49



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

April 27, 2006

**RECEIVED**

JUL 07 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Lucille Miller, CFNP  
Family Medical Center of Blackville  
19340 Solomon Blatt Avenue  
Blackville, South Carolina 29817

Re: Betty McCoy

Dear Ms. Miller:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support additional physician office visits when medically necessary. In order to request that the agency support these additional visits, however, the attending physician to must correspond with me directly. I will need information regarding the specific medical necessity for the additional visits and the number of additional visits she is estimated to need between now and June 30, 2006. Please have the **attending physician** correspond with me subsequently so that I may move this request forward.

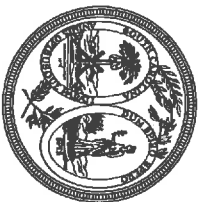
If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, appearing to read "O. Marion Burton".

O. Marion Burton, MD  
Medical Director

OMB/bk



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

July 26, 2006

Mr. Richard Boyles  
Family Medical Center of Blackville  
19340 Solomon Blatt Avenue  
Blackville, SC 29817

Re: Betty McCoy

Dear Mr. Boyles:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support additional physician office visits when medically necessary. In order to request that the agency support these additional visits, however, the attending physician must correspond with me directly. I will need information regarding the specific medical necessity for the additional visits and the number of additional visits she is estimated to need between now and June 30, 2006. Please have the **attending physician** correspond with me subsequently so that I may move this request forward.

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Sincerely,

A handwritten signature in cursive script, reading "O. Marion Burton".

O. Marion Burton, MD  
Medical Director

OMB/bk

Key #46  
✓