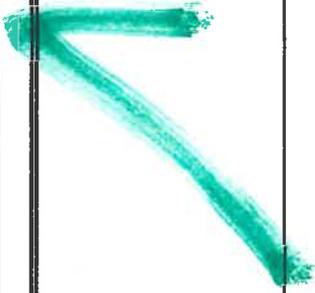


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <b>Myers</b>	DATE <b>1-26-09</b>
--------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000393</b>	<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 <b>2-11-09</b>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

**COPY**

**Jason R. Tuzzolino**  
**165 Peamar Drive**  
**West Columbia, South Carolina 29170**  
**(803) 231-8816**

**RECEIVED**

January 23, 2009

JAN 26 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Unison Administrative Services  
Attn: Grievance and Appeals Dept.  
Unison Plaza, 1001 Brinton Road  
Pittsburgh, PA 15221

Re: Appeal of denied charges  
Unison ID# 001213007  
S.C. Medicaid ID# 378055138

To whom it may concern:

Please allow this to serve as my formal appeal notice with respect to certain charges which Unison has denied and refused to pay to Lexington Medical Center. The following three accounts have outstanding balances which Unison has refused to pay:

- a. Lexington Medical Center Acct.# H34206581, date of service 05/18/08, total charges \$3,128.63;
- b. Lexington Medical Center Acct.# H34210385, date of service 05/19/08, total charges \$1,398.88; and
- c. Lexington Medical Center Acct.# H34272583, date of service 05/22/08, total charges \$5,506.25.

On January 20, 2009, I received two statements from Lexington Medical Center. I then spoke with Bridgette at 803-791-2116 with the Lexington Medical Center. I was told that they have fought with the Unison contact person over these charges. I was also informed about the third outstanding account which was currently being denied but the statement had not yet been mailed to me. Bridgette was kind enough to provide me with that account number so that I could initiate this process as soon as possible. She said it would be up to me to contact you regarding this. However, in my attempts to call, I was greeted with rude representatives at Unison who spoke in a patronizing tone.

I am self employed with very little income with which to pay these balances. The fact that I qualify for Medicaid means I do not have the capability of paying these charges. I have no choice but to appeal your denial of these charges.

Lastly, please allow me to compliment Bridgette at Lexington Medical Center. She was so very kind in talking to me and explaining the issues at hand. She took the time to contact their in-house insurance representative who deals with Unison, call me back to explain the problems they were having with Unison, give me the other outstanding account number, etc. She was professional, patient, courteous and so helpful. I only wish other customer service representatives were as wonderful.

Please do not hesitate to call me at the above number should you have any questions in regards hereto.

Very truly yours,

  
Jason R. Tuzzolino

Enclosures

cc:

Lexington County DHHS  
605 W. Main Street  
Lexington, SC 29072-2503

Department of Health and Human Services  
Attn: Emma Forkner, Director  
P. O. Box 8206  
Columbia, SC 29202-8206

Lexington Medical Center  
Attn: Patient Accounts  
P.O. Box 100273  
Columbia, SC 29202-3273

RECEIPT  
7111 6379 9670 0000 1013

FROM:  
Tuzzolino  
RE:

SEND TO:  
Unison Administrative Services  
Attn: Grievance and Appeal Del  
Unison Plaza, 1001 Britton Rck  
Pittsburgh PA 15221

FEES:

Postage	0.42
Certified Fee	2.70
Special	
Restricted	
Receipt	2.20

TOTAL \$ 5.32

POSTMARK OR DATE