


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh</i>	DATE <i>1-9-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER  <i>000338</i>	<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

Washington, D.C. 20201

DEC 3 1 2007

RECEIVED

Director

Department of Health and Human Services

P.O. Box 8206

Columbia, SC 29202

JAN 09 2008

Dear Director:

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: Herman Inman

312 S. Pine Street

Marion, SC 29571

LICENSE NO: None

SANCTION AUTHORITY: 1128(b)(7)

MEDICARE PROVIDER NO: None

OI FILE NO: 4-05-40509-9

EFFECTIVE DATE: October 5, 2007

Owner/Transportation Company

DOB: 08/07/1941

SSN: 250-68-7892

UPIN: N/A

MEDICAID PROVIDER NO: None

Effective with the date above, the subject identified above is being permanently excluded from participation in the Medicare, Medicaid, and all Federal health care program as defined in section 1128B(f) of the Social Security Act (Act).

If you have not already done so, please 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 the subject is not entitled to be reinstated to the Federal programs.

Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject.

In the interim, if the subject submits 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 Special Agent in Charge for Investigations if you receive any such claims.

Sincerely,

*Maureen R. Byer*

Maureen R. Byer

Director

Exclusions Staff

Office of Investigations