


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>11-5-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000241	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-12-07</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 11/15/07, letter attached.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
EDUCATION AND LABOR
FOREIGN AFFAIRS
HOUSE POLICY

Congress of the United States House of Representatives

November 1, 2007

RECEIVED

NOV 05 2007

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

Ms. Emma Forkner
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Ms. Georgia King
SSN 257-94-2556

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me seeking assistance with prescription drugs. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,



JOE WILSON
Member of Congress

Log: Jacobs
du. Ngin.

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD., (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
Fax: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
Fax: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
803 FORT REPUBLIC STREET
P.O. Box 1538
BEAUFORT, SC 29901
(843) 521-2530
Fax: (843) 521-2535

OCT 31 2007

COUNTIES:

AIKEN*
ALLendale
BARnwell
BEAUfort
CALhoun*
HAMPTON
JASPER
LEXington
ORANGEburg*
RICHland*
(*PARTS OF)

JOE WILSON

2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:

ARMED SERVICES

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FOREIGN AFFAIRS

HOUSE POLICY

Congress of the United States House of Representatives

Consent for Release of Personal Records by Executive Agencies

Name of Agency: _____

To whom it may concern:

I have sought assistance from Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Name of Claimant (Please Print) Gertruida King

Date of Birth 03/28/1955

NOV 05 2007

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Address of Claimant P.O. Box 1638 Estill SC, 29918

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Social Security Number 357-94-3556

VA Claim # or OPM # (if applicable)

Telephone Number-Home 803-625-9155

Telephone Number-Work N/A

Signature of Claimant Gertruida King

Today's Date 10/29/2007

Please briefly explain your concern: I just want assistance
(use the back if necessary)

with my prescription drugs.

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), Suite 1
WEST COLUMBIA, SC 29169
(803) 939-0041
Fax: (803) 939-0078

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LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
Fax: (843) 521-2536

TOLL FREE 1-888-381-1442

OCT 25 2007

OCT 4, 07

TO: JOE WILSON?
FROM: George King?
RE: Prescription Drugs Help?

Dear Joe Wilson,

I am writing you the letter to ask you if you could provide me with some kind of assistance to help me with the cost of my prescription drugs. I am a single mother of two, and unemployed because of my health conditions, problems such as my thyroid be- ^{is?} my asthma causing my ~~problem~~ ^{my now & then} financial help would greatly appreciated. Below is a list of the prescription drugs that I am taking daily.

Levothyroxine: 112 mci - 1-tablet daily
Hydrochlorothiazide - 12.5 mc - 1-tablet daily
Klonopin - 10 mg - 1-tablet Everyday
Singulair - 10 mg - 1-tablet daily
Glipizide - 2.5 mg - 1-tablet daily - with supper
Lipitor - 10 mg - 1-tablet daily
Flovent HFA - 110 mcg - 1 puff 2x daily
Combivent - 2 puff Every 6 hours needed

Thanks

George King



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

November 15, 2007

Emma Forkner
Director

Ms. Georgia King
Post Office Box 1638
Estill, South Carolina 29918

Dear Ms. King:

Congressman Joe Wilson asked our agency to respond to your concerns about your prescription needs and Medicaid coverage.

You have full Medicaid coverage through the Low Income Families program. Your benefits provide up to four covered prescriptions or refills per month. Your pharmacist can override this limit for certain prescriptions. Additionally, some prescription drugs require prior approval. To determine if any of these exceptions apply to your medications, please call the First Health Beneficiary Call Center (toll-free) at 1-800-834-2680, or you may contact Ms. Janet Giles in Pharmacy Services at Medicaid at (803) 898-2874.

Enclosed is information on prescription drug programs that offer generic drugs at a discounted rate to both insured and uninsured residents in South Carolina. Also enclosed is contact information for organizations that may be able to assist with your daily living needs. We hope this information is helpful. If you have further questions about your coverage, please call Ms. Denise Epps at (803) 898-2505.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/code
Enclosures

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

0241



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 15, 2007

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Ms. Georgia King to our agency with her concerns about prescription drug coverage.

A member of our staff has been in direct contact with Ms. King regarding her healthcare needs. We explained the rules and regulations of the Medicaid program relating to coverage for prescription drugs. We provided Ms. King with information on other programs and organizations that can assist with her healthcare needs and daily living expenses.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcode

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

ACTION REFERRAL

TO Jacobs	DATE 11-5-07
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