

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
John Supra	4-18-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER 000331	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>4-25-13</u>
2. DATE SIGNED BY DIRECTOR C. Mr. Keef	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

Cleared 7/30/13, letter attached

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

J. Roland Smith
District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851



522-B Blatt Building
P.O. Box 11867
Columbia, SC 29211

Tel. (803) 734-3115

Committees:
Ways & Means, 3rd V.C.
Transportation and Regulatory
Subcommittee, Chairman
Revenue Policy
Invitations & Memorial Resolutions

House of Representatives
State of South Carolina

RECEIVED

APR 17 2013

April 15, 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Terry L. Prothman; SSN.....3397; DOB Nov. 26, 1959

Dear Mr. Keck:

I am writing this letter on behalf of a constituent of mine, Mr. Terry Prothman, who contacted me regarding his Medicaid benefits.

It is my understanding that Mr. Prothman's benefits will end by April 30, 2013. I have enclosed information regarding Mr. Prothman's medical history and a note explaining the current situation.

I am asking you to please review Mr. Prothman's case to see if it has been processed correctly. Thanking you in advance for your assistance in this matter.

Respectfully,

J. Roland Smith

J. Roland Smith
House District 84

Terry L. Prothman

Enclosures

cc: Terry L. Prothman, POB 606, Gloverville, SC 29828

DeB Nov 26, 1959

Beneficiary ID.

9781245356

Jimmy has COPD / RAD / (High Blood Pressure) Free
Medication at CRPnic.
Chronic Severe Sleep Apnea.
w/ e-CAP. sat on IV. + much more Sinusitis / Rhinitis
pharmacies - 8035021866

Primary Care
ENT / Lung Specialists
All in same Building.

He is Presenting on First choice Medicare. At
CRPnic med clinic. He is also in critical care
Pulmonary at CRPnic formerly med clinics. Dr. Liveratos
His Pul Function Test is Tested at Full Blowing
w/ albuterol Inhaler. 34/ w/ his not mistaken
w/ colon. He also has digestive Problems along
Colon to be done 4-17-2013 By Dr David Gibbs.
In Aiken SC at Airmcutter outpatient.
I am sending this in hope that someone will
Realize that he is a very sick man + All of
His illness are life threatening. All of his meds
are life threatening meds. As well. Resistance to Antibiotics
He also just had (2nd) Nasal Polyp removed.
1st one 2011- His (TERRS) SSN check w/ income - 1394.00 monthly.
2nd one 2013 March 20. As you know. Besides
not removed could turn into brain cancer. Besides
the cant breathe. He has to wear a mask over
his nose + mouth. As well. To even walk outside. +
Go to Drs, Etc.

Medicare does not pay for any of
my wife's Dr visits, meds, or my
over the counter drugs +

Suppos - To go back
for Lung Xrays + Test
for Lung Cancer

If he had Medicare in March 2012. He did
not receive Notification. (maybe cap out Nov 2012
when he received his Blue/White/Green Medicare
He also never on received Gold Medicare Took
Effect 1-1-13
Columbiana Medicare told him he was suppose to
be covered until 2014. He would be 55 yrs old then
+ that he go on Medicare. He simply can not pay
for these medications (see attached prices from Pharmacy)
w/ cap. Special. w/ cap. 11.2 a month food stamps.
They said his income per (2) is exactly 1000 a month.
To mind this could go out of. Please help me. my needs
are living medications. Thank you so much. Jimmy L. Rothman
403-663-9077

PHF
(803) 663-9077

CHANGE IN BENEFITS NOTICE

Worker Matters

VERTA JOHNSON

Telephone: 803.642.7505

10-12-83

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PO BOX 606

GLOVERVILLE SC 29828

Name _____

Beneficiary ID#

Change in Benefits

Change Date
05/01/2013

Your income is more than policy allows.

You may be eligible in another coverage group.

303:01:05

101.334.03

Fair Hearing

of Health and Human Services.

- You must tell your caseworker within 10 days if your address changes.**

YOU WILL RECEIVE A REVIEW FORM IN THE MAIL EVERY 12 MONTHS (SOMETIMES SOONER) WHEN YOU RECEIVE THE REVIEW FORM YOU MUST COMPLETE AND RETURN IT OR YOUR MEDICAID WILL STOP.

EID067 (Revised December 2010)

OVER

0590037010

AIKEN COUNTY DHHS
P.O. Box 2748
Aiken SC 29802-2748

TERRY L PROTHMAN
PO BOX 606
GLOVERVILLE SC 29828

Certificate of Creditable Coverage

Date: 03/28/2013

Worker Name:

VERTA JOHNSON

BGF: 92312512

HH #: 101588064

Name of Group Health Plan: Medicaid

IMPORTANT

This certificate provides information about prior coverage for the individual(s) listed. If you enroll in another health plan, you may need to give them a copy of this certificate. **Keep this certificate in a safe place.**

Beneficiary Name:

TERRY L. PROTHMAN

Beneficiary ID#

9781245356

COVERAGE PERIODS:

MAR12 - APR13

If there are other members not listed on this notice, please call your worker.

SOUTH CAROLINA HEALTH INSURANCE SERVICES

Inpatient Hospital
Well Child Care
Family Planning
Laboratory and X-Ray
Home Health

Targeted Case Management
Home and Community Based Waivers
Evaluation/Counseling/Education for Special Needs
Non-emergency Transportation to Medical Appointments

Outpatient Hospital
Vision Care
Durable Medical Equipment
Ambulance Transportation
Rehabilitative Therapies
Long-term Care/Nursing Home Facilities
Residential Treatment Facility

Physician Visits
Dental
Prescription Drugs
Hospice
Mental Health
Alcohol and Other Substance Abuse

*FOR FURTHER INFORMATION REGARDING THIS NOTICE OR SERVICE-DESCRIPTIONS AND LIMITATIONS CALL 1-888-549-0820, 8:00 a.m. - 6:00 p.m. (This is a free call) Or write to: S.C. Department of Health and Human Services, P.O. Box 100147, Columbia, S.C. 29202-9181

Confidential Patient Information

Report date/time: 04/10/2013 02:08 PM

Prescription Profile

01/01/2012 through 04/10/2013

Patient Info: TERRY BROTHMAN
P O BOX 506 / 134 CRABAPP
GLOVERVILLE, SC 29824

Store Info: 3510 RICHLAND AVE W
AIXEN, SC 29801
(803) 641-6859

Patient Phone: (803) 661-9099
Date of Birth: 11/26/1989
Gender: M
Allergy Conditions: SINGULAR 10MG TABLETS
Health Conditions: None on File

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref(s)	Date of Service	Quantity	Price
0111647-12795	HYDROCODONE /ACETAMINOPHEN 8-500 TB Your insurance saved you \$13.74	06821-0349-05	NAP	MULADDIS, M	ASLE 3591431634	01/10/12	45.000	\$ 75
						Total Billings: 1	Subtotal:	45.000 \$ 75
0151258-12795	ADVAIR DISKUS 500/50MCG (RED) 60'S Your insurance saved you \$359	00173-0827-00	MMF	LIVIERATOS, S	FSCH A6134056884811	01/03/13	60.000	\$ 40
0151258-12795	ADVAIR DISKUS 500/50MCG (RED) 60'S Your insurance saved you \$359	00173-0827-00	MMF	LIVIERATOS, S	FSCH A6134355233451	01/03/13	60.000	\$ 40
0151258-12795	ADVAIR DISKUS 500/50MCG (RED) 60'S Your insurance saved you \$384.59	00173-0827-00	MMF	LIVIERATOS, S	FSCH A2134539825661	02/04/13	60.000	\$ 40
0151258-12795	ADVAIR DISKUS 500/50MCG (RED) 60'S Your insurance saved you \$384.59	00173-0827-00	MMF	LIVIERATOS, S	FSCH A11344910288351	04/01/13	60.000	\$ 40
						Total Billings: 4	Subtotal:	240.000 \$ 160

Confidential Patient Information

Report date/time: 04/10/2013 02:08 PM

Prescription Profile

01/01/2012 through 04/10/2013

Patient Info: TERRY PROTHMAN
P O BOX 606 / 124 CRABAPP
GLOVERVILLE, SC 29828

Store Info: 3510 RICHLAND AVE W
Aiken, SC 29801
(803) 641-6959

Patient Phone: (803) 661-9099
Date of Birth: 11/26/1959
Gender: M

Prescription Number	Medication	NDC	RPH	Prescriber	Ins. Plan(s) Claim Ref(s)	Date of Service	Quantity	Price
0151259-12795	VENTOLIN HFA INH W/DOS CTR 200PUFFS Your insurance saved you \$39.89	00173-0682-20	MMF	LIVIERATOS, S.	FSTCH / A2134053525511	01/05/13	18.000	3.40
0151259-12795	VENTOLIN HFA INH W/DOS CTR 200PUFFS Your insurance saved you \$42.89	00173-0682-20	MMF	LIVIERATOS, S.	FSTCH / A2134165845991	02/05/13	18.000	3.40
0151259-12795	VENTOLIN HFA INH W/DOS CTR 200PUFFS Your insurance saved you \$42.89	00173-0682-20	MMF	LIVIERATOS, S.	FSTCH / A2134325037561	04/02/13	18.000	3.40
					Total Fillings: 3	Subtotal:	54.000	10.20
0151260-12795	FLUTICASONE 50MCG NASAL SP (120INH) Your insurance saved you \$52.09	50383-0700-16	MMF	LIVIERATOS, S.	FSTCH / A2134053525511	01/05/13	18.000	3.40
0151260-12795	FLUTICASONE 50MCG NASAL SP (120INH) Your insurance saved you \$52.09	50383-0700-16	MMF	LIVIERATOS, S.	FSTCH / A2134361944611	02/05/13	18.000	3.40
0151260-12795	FLUTICASONE 50MCG NASAL SP (120INH) Your insurance saved you \$52.09	50383-0700-16	MMF	LIVIERATOS, S.	FSTCH / A2134645562471	03/05/13	18.000	3.40
0151260-12795	FLUTICASONE 50MCG NASAL SP (120INH) Your insurance saved you \$52.09	50383-0700-16	MMF	LIVIERATOS, S.	FSTCH / A2134918503411	04/01/13	18.000	3.40
					Total Fillings: 4	Subtotal:	54.000	13.60

Confidential Patient Information
Prescription Profile
01/01/2012 through 04/10/2013

Page: 3
Report date/time: 04/10/2013 02:08 PM

Patient Info: TERRY BROTHMAN
P O BOX 506 / 124 CRABAPPLE
GLOVERVILLE, SC 29828

Store Info: 3510 HIGHLAND AVE W
Aiken, SC 29801
(803) 641-8959

Patient Phone: (803) 643-3099
Date of Birth: 11/26/1949
Gender: M

Prescription Number	Medication	NDC	APN	Prescriber	Ins. Plan(s)	Date of Service	Quantity	Price
0151261-12795	SPIRIVA 18MCG CAPS 305 & HANDHALER Your insurance saved you \$109.9	00587-0075-41	MME	LIVIERATOR, S.	BATCH / A5134055888131	01/05/13	30.000	3.40
0151261-12795	SPIRIVA 18MCG CAPS 305 & HANDHALER Your insurance saved you \$109.9	00587-0075-41	MMW	LIVIERATOR, S.	BATCH / A4134155846631	02/05/13	30.000	3.40
0151261-12795	SPIRIVA 18MCG CAPS 305 & HANDHALER Your insurance saved you \$110.59	00587-0075-41	MMW	LIVIERATOR, S.	BATCH / A51345535823101	03/04/13	30.000	3.40
0151261-12795	SPIRIVA 18MCG CAPS 305 & HANDHALER Your insurance saved you \$110.59	00587-0075-41	MME	LIVIERATOR, S.	BATCH / A5134915833351	04/01/13	30.000	3.40
					Total Fillings: 4	Subtotal:	120.000	13.60
0154116-12795	LEVOMETILZINE 5MG TABLETS Your insurance saved you \$19.99	43802-0534-75	MME	CLICK, S.	BATCH / A4134233689771	01/19/13	5.000	0.40
					Total Fillings: 1	Subtotal:	5.000	0.40
0150165-12795	OXYCODONE/ACETAMINOPHEN 5-325MG TAB Your insurance saved you \$13.50	00531-0743-05	MME	JANG, D.	BATCH / A51349737205391	03/20/13	30.000	3.40
					Total Fillings: 1	Subtotal:	30.000	3.40

Confidential Patient Information

Report date/time: 04/10/2013 02:06 PM

Prescription Profile

01/01/2012 through 04/10/2013

Patient Info: TERRY BROTHMAN
P.O. BOX 606 / 124 CHANAPP
CLOVERVILLE, SC 29828
Patient Phone: (803) 641-8099
Date of Birth: 11/26/1959
Gender: M

Store Info: 3510 RICHLAND AVE W
Aiken, SC 29801
(803) 641-6959

Prescription Number	Medication	NDC	RPM	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
------------------------	------------	-----	-----	------------	-------------------------------	--------------------	----------	-------

Total Scripts:	12	Total Price:	93.20
Using generics saved you a total of	0.00		
Using more generics could have saved you a total of	0.00		
Your insurance saved you a total of	3164.24		
Your cash quantity discount saved you a total of	0.00		

The Manager and Staff at Walgreens

Thank You For Your Patronage

For your convenience, this information is available online at www.walgreens.com

Ask our pharmacy staff for more information.

Confidential Patient Information

Report date/time: 04/10/2013 02:08 PM

Prescription Profile

01/01/2012 through 04/10/2013

Patient Info: TERRY BROTHMAN
P.O. BOX 505 / 124 CRABAPPLE
CLOVERVILLE, SC 29924

Store Info: 3510 RICHLAND AVE W
AIXEN, SC 29801
(803) 641-5939

Patient Phone: (803) 663-9099

Date of Birth: 11/26/1969

Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins Plan(s)	Date of Service	Quantity	Price
0160186-12799	DOC-O-LACE 100MG CAPSULES	00803-0180-72	MMP	JANG, D.	CASH /	03/10/13	30.000	3.99
					Total Fillings: 1	Subtotal:	30.000	3.99
0160187-12795	PREDNISON 10MG TABLETS	00591-6442-10	MMP	JANG, D.	SEICH /	03/10/13	61.000	3.40
					Your insurance saved you \$8.59			
					Total Fillings: 1	Subtotal:	61.000	3.40
0160188-12795	CIPROFLOXACIN 500MG TABLETS	18252-0515-02	MMP	JANG, D.	SEICH /	03/10/13	14.000	3.40
					Your insurance saved you \$12.59			
					Total Fillings: 1	Subtotal:	14.000	3.40
0281710-10581	OLENACEPAM 7.5MG TABLETS	00375-1910-10	RMA	SCHELL, K.	SELA /	07/11/12	180.000	19.26
					Your insurance saved you \$34.71			
					Total Fillings: 1	Subtotal:	180.000	19.26



Amerigroup
RealSolutions
in healthcare

1-800-600-4441

Next ENT Appt nRPG

228 Dr Visit

310 Scope

1539.00 Total Price with T Insurance

Dr. Keon Takis Appt

Dr. 104 make ENT
June 4 ← 2 month follow up
BY

W/C called 1-888-649-0820

is SC Dept of Health that someone at
should report MR estimate 4300

(145925 visit)

Service - stops

1-800-600-4441

match 30

www.amerigroup.com

2013

Walgreens

#12795 3510 RICHLAND AVE W
AIKEN SC 29801
803-641-6959

845 7286 0041 04/10/2013 2:16 PM

NEEMED STIMUS RENSE REL PCK 100S
70592800200 A 13.99
MIRALAX 14 DAY 8.30Z
041100102073 A 13.99

SUBTOTAL 27.98
SALES TAX A=7.06 1.96
TOTAL 29.94
CASH 30.00
CHANGE 0.06

THANK YOU FOR SHOPPING AT WALGREENS

REDIEA AT THE REGISTER WITH AS FEB AS
5000 POINTS RESTRICTIONS APPLY SEE
PROGRAM RULES FOR DETAILS PLEASE GO
TO WALGREENS.COM/BALANCE

REF# 1279-5417-2986-1301-1063



POINT BALANCE 2500

BALANCE REWARDS ACCT # *****0346

How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.WALGREENS.COM

or call toll free
1-800-658-1584
within 72 hours to take a short
survey about this Walgreens visit

SURE#
1279-5417-286

PASSWORD
8130-4100-321

For contest rules, see store or
WWW.WALGREENS.COM

J. Roland Smith
Member, House of Representatives
183 Edgar Street
Warrenville, SC 29851

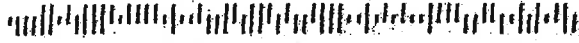
RECEIVED

APR 17 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

CYY-SMP 29202



DS AUTH 28
COLUMBIA SC

neopost

04/16/2013

U.S. POSTAGE



FIRST-CLASS MAIL
PERMIT
\$00.433

ZIP 29801
0411L11219893

April 26, 2013

✓ 331
to close

The Honorable J. Roland Smith
South Carolina House of Representatives
183 Edgar Street
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for contacting our Agency on behalf of Mr. Terry Prothman regarding the closure of his Medicaid case.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. Mr. Prothman's Medicaid case under the Aged, Blind or Disabled (ABD) program will be closed effective May 1, 2013 because his monthly income exceeds the allowable limit of \$1,293 for a couple. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses.

Our Member Relations Leader, Ms. Carolyn Roach, has mailed him information on other programs and organizations that can assist South Carolina residents with their healthcare needs and prescription assistance.

If Mr. Prothman has additional questions about the South Carolina Medicaid program, he may contact Ms. Roach at (803) 898-3967 and she will be happy to assist him.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

Anthony E. Keck
Director

AEK/sj

7/26/13
2:30pm
Spoke w/ Rep Smith as
I did not process letter.
He is aware we have
contacted + cancel
SM

855938981

April 26, 2013

ROUTED

APR 26 REC'D

BEP

Mr. Terry Prothman
P.O. Box 606
Gloverville, SC 29828

Dear Mr. Prothman:

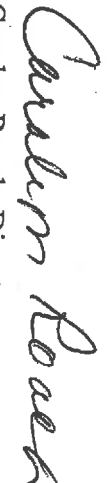
Representative J. Roland Smith's office contacted our agency on your behalf regarding Medicaid eligibility and your healthcare needs.

Your Medicaid Aged, Blind or Disabled (ABD) case is being closed effective May 1, 2013, because your income is more than the allowed limit. The current income limit for a couple is \$1293.00. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare services and prescription assistance.

If you have questions about the Medicaid program, please call me at (803) 898-3967. I hope this information is helpful.

Sincerely,


Carolyn Roach, Director
Division of Eligibility Training

CR:sm

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL



APR 18 REC'D

RECEIVED

LEP

TO	DATE
John Supra	4-18-13

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	000331	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>4-25-13</u> [] Prepare reply for appropriate signature DATE DUE _____ [] FOIA DATE DUE _____ [] Necessary Action	
2. DATE SIGNED BY DIRECTOR			
cc: Mr. Keef			

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

J. Roland Smith
District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851



522-B Blatt Building
P.O. Box 11867
Columbia, SC 29211

Committees:

Ways & Means, 3rd V.C.
Transportation and Regulatory
Subcommittee, Chairman
Revenue Policy
Invitations & Memorial Resolutions

Tel. (803) 734-3115

House of Representatives

State of South Carolina

RECEIVED

APR 17 2013

April 15, 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

403 593 8981

Anthony Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Terry L. Prothman; SSN.....3397; DOB Nov. 26, 1959

Dear Mr. Keck:

I am writing this letter on behalf of a constituent of mine, Mr. Terry Prothman, who contacted me regarding his Medicaid benefits.

It is my understanding that Mr. Prothman's benefits will end by April 30, 2013. I have enclosed information regarding Mr. Prothman's medical history and a note explaining the current situation.

I am asking you to please review Mr. Prothman's case to see if it has been processed correctly. Thanking you in advance for your assistance in this matter.

Respectfully,

J. Roland Smith

J. Roland Smith
House District 84

Enclosures

cc: Terry L. Prothman, POB 606, Gloverville, SC 29828

Terry L Prothman
DOB 11/26/1959
Beneficiary ID.
9781245356

Jimmy has COPD / RAD / (High Blood Pressure) Free
Illuminated out of his pants.
Chronic Severe Sleep Apnea.
Meds from Public Pharmacy

w/ e Pap sat on 14. + much more Sinusitis / Rhinitis
P/Infects - Bronchitis

PPG

Primary Care
ENT / Lung Specialists
All In Same Building

He is Presently on First choice Medicade. At
PPG med clinics. He is also in critical care
Pulmonary at PPG formerly med clinics. Dr. Liveratos
His Pul. Function Test. Is Tested at Full Blowing
w/ Albuterol Inhaler. 34/ w/ his not quite there
w/ also has digestive Problems along
colon. To Be done 4/17-2013 By Dr David Gibbs

In Aiken SC. at Airmcutter outpatient.
I am sending this in hope that someone will
Realize that He is a very sick man + All of
His Illness are Life Threatening. All of his meds

are Life Threatening meds. As well. ^{Resistance to Antibiotics}
^{To clear up infection}
^{In nasal passages}

He also just had (2nd) Nasal Polyp removed
His (Tereys) SSN checks w/ income 1394.00 monthly.

1st one 2011 -
2nd one 2013 March 20. As you would all know if
not removed could turn into Brain Cancer. Besides
He can't Breathe. He has to wear a mask over
his nose + mouth. As well to even work outside, +
Go to Drs, Etc.

Medicade does not pay for any of
my wife's Dr visits, meds, or my
over the counter Drugs +

was supposed to go back
for Lung Xrays + Test
if
(c) If
He also had Medicade in March 2012. We did
not receive Notification. (Maybe Sep Oct Nov 2012
When He Received His Blue / White / Green Medicade
He also had on Received Gold Medicade Took

Effect - 1-1-13
Columbia Medicade Told him He was supposed to
Be covered until 1 2014. He would Be 55 yrs old Then
He simply can not pay
for these Medications (See Attached Prices from Pharmacy)
for these Medications. We get a 12 month food stamps.
w/ my three special. We get a 12 month food stamps.
They said His Income for (c) is exactly 1000 w/ month.
To much This could go on and on. Please Help me. My needs
are living medications. Thank you so much. Jimmy L. Rooburn
413-337-3597

PH#
(803) 663-9099

AIKEN COUNTY DHHS
P.O. Box 2748
Aiken SC 29802-2748

CHANGE IN BENEFITS NOTICE

Date: 03/28/2013

Worker Name:

Called April 1st 2013

VERTA JOHNSON

*SAID BANCROFT
WOULD ENL 5-1-2013*

Telephone: 803-842-7505

HH #: 101568064

*actually
april 30th
midnight*

0001 0000064

Single-Piece

TERRY L. PROTHMAN
P.O. BOX 606
GLOVERVILLE SC 29628

Benefits will change for some individuals on the dates listed or remain the same for others listed below. You will continue to receive benefits based on the information listed in the "Change in Benefits" column. The descriptions of "Change in Benefits" are listed on the back of this notice.

Name
TERRY L. PROTHMAN

Beneficiary ID#
9761245356

Change in Benefits
ELIGIBILITY PENDING

Change Date
05/01/2013

The following Reason(s)/Policy Manual Reference(s) applies only to those members experiencing a change in benefits:

Your income is more than policy allows.

303.01.03
101.04.01

You may be eligible in another coverage group.

If there are other members not listed on this notice, please call your worker.

Fair Hearing

If you feel that this is taken in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days of the date of this letter to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a hearing before the effective date, your benefits will continue until a final decision is made by the hearing officer. However, if the hearing officer does not rule in your favor, you will be required to pay back any benefits you received while your case was being reviewed.

You must tell your caseworker within 10 days if your address changes.

YOU WILL RECEIVE A REVIEW FORM IN THE MAIL EVERY 12 MONTHS (SOMETIMES SOONER). WHEN YOU RECEIVE THE REVIEW FORM, YOU MUST COMPLETE AND RETURN IT OR YOUR MEDICAID WILL STOP.

Certificate of Creditable Coverage

AIKEN COUNTY DHHS
P. O. Box 2748
Aiken SC 29802-2748

TERRY L PROTHMAN
PO BOX 606
GLOVERVILLE SC 29828

Date: 03/28/2013

Worker Name:

VERTA JOHNSON

BG#: 92312512

HH#: 101589064

Name of Group Health Plan: Medicaid

IMPORTANT

This certificate provides information about prior coverage for the individual(s) listed. If you enroll in another health plan, you may need to give them a copy of this certificate. **Keep this certificate in a safe place.**

Beneficiary Name:

TERRY L. PROTHMAN

Beneficiary ID#

9781245356

COVERAGE PERIODS:

MAR12 - APR13

If there are other members not listed on this notice, please call your worker.

SOUTH CAROLINA HEALTH INSURANCE SERVICES

Inpatient Hospital
Well Child Care
Family Planning
Laboratory and X-Ray
Home Health

Targeted Case Management
Home and Community Based Waivers
Evaluation/Counseling/Education for Special Needs
Non-emergency Transportation to Medical Appointments

Outpatient Hospital
Vision Care
Durable Medical Equipment
Ambulance Transportation
Rehabilitative Therapies
Long-term Care/Nursing Home Facilities
Residential Treatment Facility

Physician Visits
Dental
Prescription Drugs
Hospice
Mental Health
Alcohol and Other Substance Abuse

*FOR FURTHER INFORMATION REGARDING THIS NOTICE OR SERVICE DESCRIPTIONS AND LIMITATIONS CALL 1-888-549-0820, 8:00 a.m. - 6:00 p.m. (This is a free call) Or write to: S.C. Department of Health and Human Services, P.O. Box 100147, Columbia, S.C. 29202-9181

Confidential Patient Information
 Prescription Profile
 01/01/2012 through 04/10/2013

Report date/time: 04/10/2013 02:08 PM

Patient Info: TERRY PROTHMAN
 P O BOX 506 / 124 CRABAPP
 GLOVERVILLE, SC 29828

Store Info: 3510 RICHMOND AVE W
 AIXEN, SC 29801
 (803) 641-6959

Patient Phone: (803) 661-8099
 Date of Birth: 11/26/1959
 Gender: M
 Allergy Conditions: SINGULAR 10MG TABLETS
 Health Conditions: None on File

Prescription Number	Medication	NDC	RPH	Prescriber	Ins. Plan(s) Claim Ref(s)	Date of Service	Quantity	Price
0112647-12795	HYDROCODONE /ACETAMINOPHEN 5-500 TB	00521-0349-05	NBP	MUJADZIC, M	SSLE / 3591431634	01/10/12	45.000	8.75
	Your insurance saved you \$13.74							
Total Fillings: 1						Subtotal:	45.000	8.75
0151258-12795	ADVAIR DISKUS 500/50MCG (RED) 60'S	00173-0697-00	MWV	LIVIERATOS, S	FSICH / A6134056854921	02/05/13	60.000	3.40
	Your insurance saved you \$359							
0151258-12795	ADVAIR DISKUS 500/50MCG (RED) 60'S	00173-0697-00	JMW	LIVIERATOS, S	FSICH / A6134155238651	03/05/13	60.000	3.40
	Your insurance saved you \$359							
0151258-12795	ADVAIR DISKUS 500/50MCG (RED) 60'S	00173-0697-00	JMW	LIVIERATOS, S	FSICH / A21346155238651	03/04/13	60.000	3.40
	Your insurance saved you \$384.59							
0151258-12795	ADVAIR DISKUS 500/50MCG (RED) 60'S	00173-0697-00	MWV	LIVIERATOS, S	FSICH / A1134910258151	04/01/13	60.000	3.40
	Your insurance saved you \$384.59							
Total Fillings: 4						Subtotal:	240.000	13.90

Confidential Patient Information
 Prescription Profile
 01/01/2012 through 04/10/2013

Report date/time: 04/10/2013 02:08 PM

Patient Info: TERRY PROTHMAN
 P O BOX 506 / 124 CRABAPP
 GLOVERVILLE, SC 29828

Store Info: 3510 RICHLAND AVE W
 AIKEN, SC 29801
 (803) 641-6559

Patient Phone: (803) 662-9099
 Date of Birth: 11/25/1959
 Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref(s)	Date of Service	Quantity	Price
0151259-12795	VENTOLIN HFA INH W/DOS CTR 200PUFFS Your insurance saved you \$39.89	00173-0582-20	MMF	LIVIERATOS, S.	FSCH / A2134053625831	01/05/13	18.000	3.40
0151259-12795	VENTOLIN HFA INH W/DOS CTR 200PUFFS Your insurance saved you \$42.88	00173-0582-20	JMW	LIVIERATOS, S.	FSCH / A8134166845991	02/05/13	18.000	3.40
0151259-12795	VENTOLIN HFA INH W/DOS CTR 200PUFFS Your insurance saved you \$42.88	00173-0582-20	JMW	LIVIERATOS, S.	FSCH / A5134925057561	04/02/13	18.000	3.40
					Total Fillings: 3	Subtotal:	54.000	10.20
0151260-12795	FLUTICASONE 50MCG NASAL SP (120INH) Your insurance saved you \$52.09	50383-0700-16	MMF	LIVIERATOS, S.	FSCH / A8134056885591	01/05/13	18.000	3.40
0151260-12795	FLUTICASONE 50MCG NASAL SP (120INH) Your insurance saved you \$52.09	50383-0700-16	JMW	LIVIERATOS, S.	FSCH / A1134351944611	02/05/13	18.000	3.40
0151260-12795	FLUTICASONE 50MCG NASAL SP (120INH) Your insurance saved you \$52.09	50383-0700-16	JMW	LIVIERATOS, S.	FSCH / A7134645562471	03/05/13	18.000	3.40
0151260-12795	FLUTICASONE 50MCG NASAL SP (120INH) Your insurance saved you \$52.09	50383-0700-16	MMF	LIVIERATOS, S.	FSCH / A5134918503411	04/01/13	18.000	3.40
					Total Fillings: 4	Subtotal:	54.000	13.60

Confidential Patient Information
 Prescription Profile
 01/01/2012 through 04/10/2013

Report date/time: 04/10/2013 02:08 PM

Patient Info: TERRY BROTHMAN
 P O BOX 505 / 124 CRABAPP
 GLOVERVILLE, SC 29828

Store Info: 3510 RICHLAND AVE W
 AIXEN, SC 29801
 (803) 641-8952

Patient Phone: (803) 641-8099

Date of Birth: 11/26/1959

Gender: M

Prescription Number	Medication	NDC	RX#	Prescriber	Ins. Plan(s) Claim Ref(s)	Date of Service	Quantity	Price
0151261-12795	SPIRIVA 18MCG CAPS 30S & HANDHALER Your insurance saved you \$309.99	00597-0075-41	NMP	LIVIERATOR, S.	FETCH / A5134056886131	01/05/13	30.000	3.40
0151261-12795	SPIRIVA 18MCG CAPS 30S & HANDHALER Your insurance saved you \$309.99	00597-0075-41	NMP	LIVIERATOR, S.	FETCH / A4134155845631	02/05/13	30.000	3.40
0151261-12795	SPIRIVA 18MCG CAPS 30S & HANDHALER Your insurance saved you \$310.99	00597-0075-41	NMP	LIVIERATOR, S.	FETCH / A9134535223301	03/04/13	30.000	3.40
0151261-12795	SPIRIVA 18MCG CAPS 30S & HANDHALER Your insurance saved you \$310.99	00597-0075-41	NMP	LIVIERATOR, S.	FETCH / A5134915253351	04/01/13	30.000	3.40
					Total Fillings: 4	Subtotal:	120.000	13.60
0154126-12795	LEVOCETIRIZINE 5MG TABLETS Your insurance saved you \$19.99	45802-0594-75	NMP	CLICK, N.	FETCH / A4134282688771	01/25/13	5.000	0.00
					Total Fillings: 1	Subtotal:	5.000	0.00
0180165-12795	OXYCODONE/ACETAMINOPHEN 5-325MG TAB Your insurance saved you \$15.59	00591-0749-05	NMP	JANG, D.	FETCH / A2124797203391	03/20/13	30.000	3.40
					Total Fillings: 1	Subtotal:	30.000	3.40

Prescription Profile

01/01/2013 through 04/10/2013

Patient Info: TERRY BROTHMAN
P.O. BOX 506 / 124 CRAWFORD
CLOVERVILLE, SC 29828
Patient Phone: (803) 641-8099
Date of Birth: 11/26/1959
Gender: M

Store Info: 3510 RICHLAND AVE W
Aiken, SC 29801
(803) 641-6959

Prescription Number	Medication	NDC	Rx#	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
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Total Scripts	12	Total Price	\$93.20
Using generics saved you a total of			\$0.00
Using more generics could have saved you a total of			\$0.00
Your insurance saved you a total of			\$164.24
Your cash quantity discount saved you a total of			\$0.00

The Manager and Staff at Walgreens
Thank You For Your Patronage.

For your convenience, this information is available online at www.walgreens.com
Ask our pharmacy staff for more information.

Confidential Patient Information
 Prescription Profile
 01/01/2012 through 04/10/2013

Page: 4
 Report date/time: 04/10/2013 02:03 PM

Patient Info: TERRY BROTHMAN
 P O BOX 606 / 124 CRABAPPLE
 GLOVERVILLE, SC 29824

Store Info: 3510 RICHLAND AVE W
 Aiken, SC 29801
 (803) 641-5959

Patient Phone: (803) 641-5959

Date of Birth: 11/26/1955

Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins Plan(s) Claim Ref(s)	Date of Service	Quantity	Price
0160166-12795	DGC-C-LACE 100MG CAPSULES	00603-0180-21	WMP	JANG, D	CASH /	03/20/13	30.000	3.95
					Total Fillings: 1	Subtotal:	30.000	3.95
0160167-12795	PREDNISON 10MG TABLETS	00591-5442-10	WMP	JANG, D	BTCH /	03/20/13	61.000	3.40
					Your insurance saved you \$5.59			
					A013479034501			
					Total Fillings: 1	Subtotal:	61.000	3.40
0160168-12795	CIPROFLOXACIN 500MG TABLETS	18252-0515-01	WMP	JANG, D	BTCH /	03/20/13	14.000	3.45
					Your insurance saved you \$11.59			
					A013479034501			
					Total Fillings: 1	Subtotal:	14.000	3.40
0281210-10551	CLONAZEPAM 0.5MG TABLETS	00176-1510-10	RHA	POWELL, A	ESLE /	07/11/12	180.000	18.25
					Your insurance saved you \$34.71			
					1726327803			
					Total Fillings: 1	Subtotal:	180.000	18.25



Next ENT Appt 4/10/06

228 D³ 151 +

310 Scope

1538.00 Total Price with Insurance

Dr. Keen takes's Appl.

06/04 make ENT
June - 4 2 months follow up
817

44-38861-388-549.0820

6-47 called - 1888-549-0320
 SC Dept of Health Information Resources
 15 Columbia Ave
 5th fl New York, NY 10013

(H. 50134)

Summary

1-800-600-4441

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Walgreens

#12795 2510 RICHLAND AVE W
Aiken, SC 29801
803-641-6959

845 7288 0041 04/10/2013 2:16 PM

NEELAND STIMS RINSE NEEL PCX 1005
70592800200 A 13.99
MIRALAX 14 DAY A 8.30Z
0410002073 A 13.99

SUBTOTAL 27.98
SALES TAX A=7.0M 1.96

TOTAL 29.94
CASH 30.00
CHANGE 0.06

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