

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Boeing</i>	<i>5-7-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	000708	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>Cleaved 5/23/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <i>5-17-07</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.			

RECEIVED

MAY 04 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Day: Tuesday
Date: May 1,
2007
Time: 6:00 AM

To: Robert M. Nease State Director
From: Featherh for
Joe F. Lynch
(Sen)
Soc. Security
"Capitol Square"

I'm writing with major
concern with my son's
tooth care. It happened about
2 to 3 yrs ago. Dr. Richard
Bryant is the one, they
said that wouldn't hurt.
used a gum procedure. I
could hear him say 3:00:00
out of that experience. I have
had hard time believe that it
anyway shape or form you

could help my son. See
is wheel bound with collar-
Polar in joints his arm
leg. He already had 14
operation. He will soon
have left hip operated on.
Here the dentist address
Dr. Richard Bryant
1423 Alice St.
Florence, S.C. 29501

Phone no. (843) 667-6660
Please let my son be
tried in and "huan" it
after 300.00 out 200.00
I'll close for now.

Thank you
Wyllford
P.S. At
your last
question
call (843)
861-0390

AEHDMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 05/07/07
MEDSPROD MEMBER PERIOD START: 02/06/05 END: ACTION: 0001

NAME: LYNCH JOEY A HH NAME: LYNCH JOEY A
RCP NUMBER: 6990030002 HH NUMBER: 100247709 ACTION TYPE: MAINTENANCE
SSN: 249-65-7507 VC: V APL STATUS: ACTION DATE: 10/24/02
PRIMARY INDIVIDUAL: APL CO: 13 WORKER ID: CUWKR LOCATION: 099
11-B CHAPMAN ST SSCN: RRN:

CHERAW SC 29520-3601 RACE: 01 SEX: M MARITAL STATUS: S
TPL INSURANCE: N RELATION: SELF
DOB: 01/07/1987 DOD:

CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP	
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE <td>IND</td> <td>IND</td> <td>LEVEL</td> <td>NUMBER</td>	IND	IND	LEVEL	NUMBER
-	47170117	08/01/1988		80	50				.00	
-		01/01/1987	08/01/1988	30					.00	

UPDATED: USER ID: DATE: SYSTEM ID: SDX1000 DATE: 12/03/05
ME900063 RECIPIENT RECORD FOUND
PF2-->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

Reg. R. L. Laps
11-B Chapman St.
Charleston, SC 29320

RECEIVED

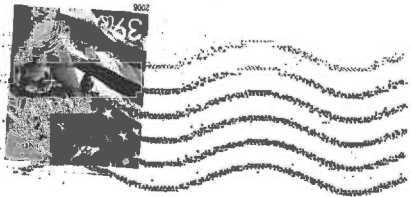
MAY 04 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State of S.C. Dept of Health & Human Services
% Robert M. Ryan State Director
Post Office Box 8206
Columbia, South Carolina 29202-8206

03 MAY 2007 PM 2:17

FLORENCE SC 295





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

May 25, 2007

Mr. Roy R. Lynch
11-B Chapman Street
Cheraw, South Carolina 29520

Dear Mr. Lynch:

Thank you for your recent letter regarding Medicaid reimbursement for dental treatment for your son. We contacted Dr. Richard Bryant to determine what services were included in Joey's treatment plan. Dr. Bryant indicated that your son needed periodontal scaling. This is not a service covered by the South Carolina Medicaid program. However, Medicaid may be able to pay for this service for children under twenty-one if certain medical criteria are met.

Dr. Bryant will need to submit information detailing your son's condition and the medical necessity of the recommended course of treatment. Program staff will follow up with Dr. Bryant regarding the information needed. Program staff, in conjunction with our Medical Director, will review the information submitted to determine if payment can be approved.

Thank you again for your letter. If you need further assistance, please contact Ms. Shirley W. Carrington, Team Leader for Dental Services at (803) 898-2655.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Acting Director

SBB/hw

Office of the Director
P O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2501 Fax (803) 255-8235

1708



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
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