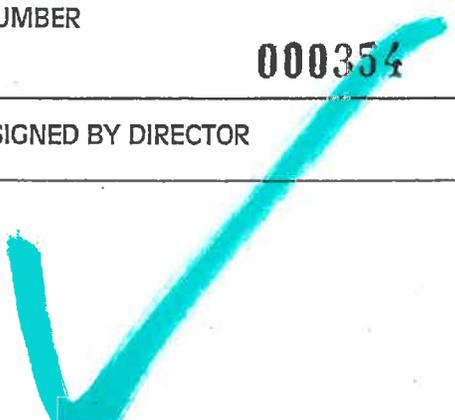


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>4-7-14</i>
----------------------------	---------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000354	<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.			



**Wallace Thomson
Hospital**

322 West South Street
Union, SC 29379
Phone 864 301 2000
Visit us at www.wallacethomson.com

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APR 07 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

March 27, 2014

VIA USPS AND EMAIL

Anthony Keck, Director
SCDHHS
P.O. Box 8206
Columbia, SC 29202
proviso@scdhhs.gov

Dear Mr. Keck:

Pursuant to Section VII.D.2 of Attachment 4.19-A of the South Carolina State Plan, as CFO of Wallace Thomson Hospital, I hereby certify that Wallace Thomson Hospital has policies and procedures in place to comply with the South Carolina Department of Health and Human Services (SCDHHS) recommended workflow for uninsured patients.

Sincerely yours,

Cindy Gault
CFO, Wallace Thomson Hospital

 **Wallace Thomson
Hospital**

322 West South Street
Union SC 29379

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SC 296

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APR 07 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck, Director
SCDHHS
P.O. Box 8206
Columbia, SC 29202

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