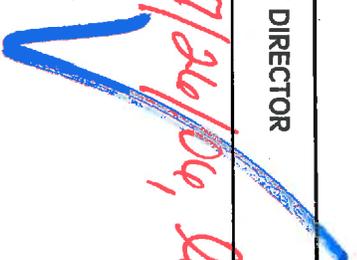


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Banking</i>	<i>7-19-06</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000099	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>Cleavel 7/26/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <i>7-28-06</i>
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE _____

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

RECEIVED

JUL 19 2006

Pulmonary Diseases Care

Daniel K. Gamé, M.D., F.C.C.P

Department of Health & Human Services
OFFICE OF THE DIRECTOR

2093 Henry Teaklenburg
Drive
Suite 205E
Charleston, SC 29414

Tel: (843)766-6646
Fax: (843)766-6640
E-mail: dkgame@pol.net

Facsimile Transmittal sheet

To
Company
Tel. No.
Fax No.

Orlando Burton, M.D.
(803) 255-8235

From:
Date:
Pages:

Dr. Game, DK
7/14/06
2

FAX/ORDER/REFERRAL SHEET

To Whom It May Concern:

This will introduce my patient, TONETTE SIMMONS

For: Evaluation: _____
DX/IX: _____
Meds or Equipment: _____

Dr. _____

WARNING: HIPPA and PRIVACY ACT PROTECTED MATERIAL

This information may have been disclosed from patient records and is protected by federal and state law. Federal regulations prohibit any further disclosure of this information without the specific written consent from this individual or as otherwise permitted by regulations.

If this fax was received in error and you are NOT THE INTENDED RECIPIENT please immediately notify the above medical office by telephone and return the original to the address listed below via United States Postal Service. YOU ARE HEREBY NOTIFIED that any use, discrimination, distribution or reproduction of this CONFIDENTIAL medical information is strictly prohibited by federal law and is not to be viewed or transferred to unauthorized persons under penalty of imprisonment and fine up to \$250,000 per event.

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JUL 19 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Pulmonary Diseases Care

Daniel K. Gamé, M.D., F.C.C.P

2083 Henry Tacklenburg Drive
Suite 205E
Charleston, SC 29414

Tel. (843)766-6646
Fax (843)766-6640
Email: dkgame@palmet

6/28/2006

O. Marlon Burton, MD

Medical Director

State of South Carolina

Department of Health & Human Services

Re: Tonzett Simmons

DOB: 2/13/1974

Dear Dr. Burton: Ms. Tonzett Simmons is a 32 year old female patient who was recently diagnosed with pulmonary sarcoidosis (radiological stage II) by mediastinoscopic lymph node biopsy. She was already seen twice in this office on 6/12 and 6/26 of 2006. Following her diagnosis during the second office visit, she was started on systemic steroid because of severe symptoms. She is scheduled to have a follow-up visits in 2 weeks. If she tolerates the treatment well, I am planning to keep her on steroid for at least 3 months and she will need out patient follow up to assess her response to treatment. In this regard, your timely support for additional office visits is extremely important and medically necessary. Thank you once again for the support and cooperation.

Sincerely,


Dr. Daniel K. Gamé, M.D. F.C.C.P.

Pulmonary Diseases Care
Daniel K. Game, M.D., F.C.C.P.

2093 Henry Tecklenburg Dr.
Suite 205 East Wing
Charleston, SC 29414

Tel: (843) 766-6646
Fax: (843) 766-6640

PULMONARY CONSULTATION REPORT:

PATIENT: **Tonzett Simmons**

DOB: 2-13-1974

OFFICE VISIT: 6-12-2006

PULMONARY EVALUATION:

Patient is a 32 year old AAF who was referred by Dr. Kanich from the St. Francis ER. She was seen one week ago with mid anterior chest pain and shortness of breath. She did not have cough, pleurisy, fever, chills or muscle or joint aches. Chest X-ray was "normal". CT-chest for evaluation of pulmonary embolism showed Extensive mediastinal and bilateral-hilar lymphadenopathy .

PAST HISTORY:

No history of HTN, Asthma, DM.

History of Sickle cell trait,

Sleep apnea (Not using CPAP),

Cervical injury (S/P-discectomy and anterior neck fusion)

FAMILY HISTORY: Sarcoid (Aunt/Uncle)

SOCIAL HISTORY:

Non-smoker, She works in an area hotel reservation call center in N. Charleston

REVIEW OF SYSTEMS: Chest discomfort/exertional dyspnea. No cough, No orthopnea

PHYSICAL EXAMINATION:

VITAL SIGNS: Wt: 242lbs, Ht: 58", HR: 88, Temp: 97.9F., BP: 115/77, Pulse O₂: 98% (RA)

NECK: No adenopathy

CHEST: Clear to auscultation.

CARDIAC: RRR. No S3

SKIN: Normal

ABDOMEN: Soft and benign.

EXTREMITIES: No edema, erythema or finger clubbing.

DIAGNOSTIC STUDIES: CT-Chest/Chest X-Ray: See attached report.

IMPRESSION:

1. Med/Hilar aderopathy
DD: Sarcoidosis
Lymphomas
Infection-T.B./Histoplasma.

RECOMMENDATIONS:

1. Check Sed rate
2. Check ACE level
3. Check PFT
4. She will need Mediastinoscopy (Refer to Dr. Kline)
5. Cardiac evaluation for chest pain(Cardiac sarcoid)

Sincerely,

Daniel K. Game

Daniel K. Game, M.D., F.C.C.P.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

July 26, 2006

Daniel K. Gamé, MD, FCCP
Pulmonary Diseases Care
2093 Henry Tecklenburg Dr., Suite 205E
Charleston, South Carolina 29414

Re: Tonzett Simmons

Dear Dr. Gamé:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support four (4) additional physician office visits for this fiscal year ending June 30, 2006. Please attach a copy of this correspondence to any physician office visit claim you have that will exceed the twelve-visit limit. This will alert our staff to override the automatic system payment rejection edit and reimburse you for this care. Please assist the patient and the S.C. Medicaid program to make optimal use of these visits for medically necessary care. Additional visits should, in general, be physician directed as opposed to patient directed. Also, the 99211 code can accommodate brief encounters and does not count against the allotted number of office visits. Adult Medicaid beneficiaries are allowed twelve (12) physician office visits beginning July 1st of each year. Attending physicians can request additional visits only when these initial twelve (12) are exhausted for medically necessary care

If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

Handwritten signature of O. Marion Burton in cursive.

O. Marion Burton, MD
Medical Director

OMB/bk

Log #99
✓

Daniel K. Gamé, MD, FCCP
Page 2

bc: Melanie Giese
Val Williams