

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singleton/FOIA</i>	<i>8-15-06</i>
DIRECTOR'S USE ONLY	
1. LOG NUMBER <i>000145</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland</i> <i>cleaned 8/21/06, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>8-29-06</i> <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.			

SPEED MESSAGE

FROM

Mrs Betty Sandage

and Thomas on Sunday

P.O. Box 8206
Columbia SC 29201

Columbia SC 29202-8206

P.O. Box 8206

TO Mrs Diane S. Miller

SUBJECT

8.4.2006

DATE

Dear Madam:

I have by request copies of my
JMHIS Billing Record under the Freedom
of Information Act of 1965. The time
period is from 2.1.06 to the present
date. This constitutes a waiver under
the 1996 Privacy Act.

Thank you

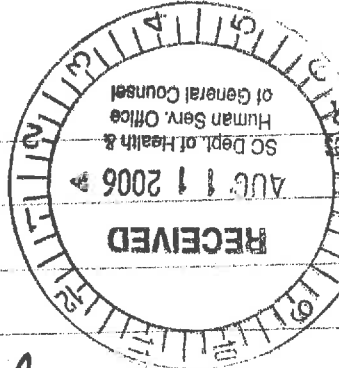
Betty M. Sandage

Doc. Clerk

"FOIA"

cc: Stouland

My name is in Sandage
P.O. Box Betty M. Sandage



RECEIVED
Department of Health & Human Services
OFFICE OF THE DIRECTOR
AUG 11 2006

REDIFORM

WRITE - ORIGINAL

CANARY - DUPLICATE

44-900 - (JANUARY - 2006)

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Betty M. Sandage, hereinafter referred to as "Principal," do hereby appoint my son, Thomas M. Sandage, my Attorney-in-fact for me and give such person full power to act in my name, place and stead in any way which I myself could do if I were personally present. As set forth in §62-5-501 of the Code of Laws of South Carolina, as amended, this Power of Attorney shall not be affected by any mental incompetence or physical disability of the Principal which renders the Principal incapable of managing the Principal's own estate. The authority of my Attorney-in-fact as conferred herein shall be exercisable, without bond, notwithstanding any such mental incompetence or physical disability.

To the extent that I am permitted by law to act through an agent, I give my Attorney-in-Fact full power to act on my behalf on all matters, including, but not limited to, the following:

1. Real property transactions and personal property (both as to tangible and intangible property), including the power to buy, care for, deal with, convey, convert, deal with, dispose of, exchange, hold, improve, lease, manage, mortgage, grant and exercise options, take possession of, receive, pledge, release, repair, and sell;
2. Bond, share and commodity transactions;
3. Banking transactions;
4. Safe deposits, including the power to enter any safe-deposit box of mine;
5. Business operating transactions, including the power to make claims against and sue any person thought to be indebted to me, to defend against or pay any person making any claim made against me, and to negotiate with and compromise with any such persons;
6. Insurance transactions, including the power to enter into insurance contracts, terminate policies and the power to agree to settlement of claims under any policy of insurance;
7. Estate transactions;
8. Personal relationships and affairs;

Book 00376-0709

Fee \$10.00 County Tax \$0.00 State Tax \$0.00

Power of Attorney

9. Social security and unemployment applications and claims;
10. Benefits from military service;
11. Tax matters, including dealing with any taxing authority, including the power to file forms, make elections, request extensions and negotiate settlements concerning any period of time;
12. Employment of agents;
13. Gifts. The power to make gifts of my real or personal property or my interest in such property to my children and grandchildren, including any child or grandchild of mine who may be acting as my Attorney-in-Fact, in amounts not to exceed the annual exclusion for federal gift tax purposes at the time the gifts are made and in such manner as my Attorney-in-Fact may deem appropriate, including, but not limited to, outright gifts, gifts in trust, or gifts to a custodian under a uniform gifts or transfers to minors act, if, in the opinion of my Attorney-in-Fact, such gifts are advisable for tax purposes and the value of my remaining property is more than sufficient to provide for the continued support and medical care of my spouse, my dependents and me in accordance with our customary standard of living;

Whenever the word Attorney-in-fact or any modifying or substituted pronouns therefore are used in this instrument, such words and respective pronouns shall be deemed to include both the singular and plural, and the masculine, feminine and neuter gender, as the context hereof may require.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on January
15, 2000.

Betty M. Sandage (SEAL)
Betty M. Sandage

Catherine De Ligny
Sa An Su
Ba A. H. H.

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

Personally appeared before me 206 HOUEN
and made oath that s/he saw the within named Betty M. Sandage sign, seal and as her
act and deed, deliver the within-written Power of Attorney for the uses and purposes
therein mentioned and that s/he with CATHERINE LEE SETZER
and SPENCER ANDRÉ SYRATT witnessed the execution thereof.

B. C. Houen

SWORN TO BEFORE ME

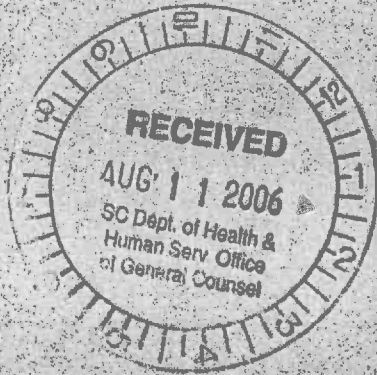
January 19, 2000

[Signature]

Notary Public for South Carolina

My Commission expires: 2/7/2005

Sandge
821 PATAWA Circle
Columbia SC
29201



SCDHHS

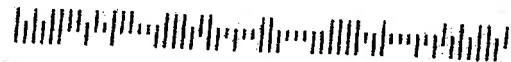
P.O. Box 8206

Columbia SC

29202-8206

ATTN: Ms. Diederz

Transmission General Counsel





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

TO:
FROM:
SUBJECT: Cost of Processing FOIA Request

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact _____ should you have any questions.

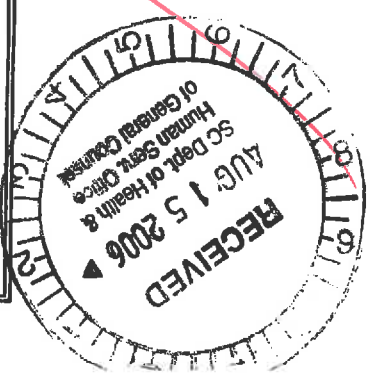
Signature _____

Date: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 898-4515

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL



TO <i>Singleton/FOIA</i>	DATE <i>8-15-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000145</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> FOIA DATE DUE <i>8-29-06</i>	<input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>BJS</i>	<i>8/21/06</i>		
2.			
3.			
4.			



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 21, 2006

Ms. Betty Sandage
821 Catawba Circle
Columbia, SC 29201

Re: Detailed Claims Report

Dear Ms. Sandage:

Enclosed is a Detailed Claims Report (DCR), as requested. The DCR lists services billed to Medicaid as well as the amount Medicaid paid for the time period of February 1, 2006 through present. Providers have one (1) year from the date of service to bill.

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard G. Hepfer".

Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures

cc: Jeff Stensland, Public Information Office

Run Submit Date: Aug 17, 2006
Run Submit Time: 12:20 PM
Run Title: LINDA 2401439101
Unit: Key

Medicaid Management Information System
Surveillance & Utilization Review
Detailed Claims Report
Requestor: Key
Request 01 LINDA 2401439101

Page: 1
Report No: PCSUR020
Run Type: Recipient

ID: 2401439101 SANDAGE BETTY M CASE:24014391 SSN:231226916 SEX:2 RACE:01 DOB:02-23-1927 CTY:40 QUAL CAT:10
RSP 1:PSCA/ RSP 2: / RSP 3: / OTHER INS:P LIVING ARR:HOME MC PART A/B:41 /0000 DOD:00-00-0000 ASST PMT:15
821 CATAWBA CIRCLE COLUMBIA SC 29201

SVC PR:61EX0215 RICHLAND MEMORIAL HOSPITAL SPEC 1-2: FACILITY CONTROL:007
ADDR:PALMETTO SENIOR CARE 1100 SHIRLEY ST COLUMBIA SC292051353 8037657850 1

1 PAY TO:62EXG021 CCN:0603900046160001A REF ID: PROC:7X1614 RMH-PALMETTO SENIOR CARE CAPITAT RATE DX1: ** Not Found *****	BILLED: 2304.00 PAID: 2304.00 PD DATE:02-17-2006 CON:N COS:19 MOD:000 UOS: 1 PS:0 DOS:02-01-2006 EMERG: STAT:P F/R:N ENC:F DX2: ** Not Found *****
2 PAY TO:62EXG021 CCN:0606900738160001A REF ID: PROC:7X1614 RMH-PALMETTO SENIOR CARE CAPITAT RATE DX1: ** Not Found *****	BILLED: 2304.00 PAID: 2304.00 PD DATE:03-17-2006 CON:N COS:19 MOD:000 UOS: 1 PS:0 DOS:03-01-2006 EMERG: STAT:P F/R:N ENC:F DX2: ** Not Found *****
3 PAY TO:62EXG021 CCN:0609600198160001A REF ID: PROC:7X1614 RMH-PALMETTO SENIOR CARE CAPITAT RATE DX1: ** Not Found *****	BILLED: 2304.00 PAID: 2304.00 PD DATE:04-14-2006 CON:N COS:19 MOD:000 UOS: 1 PS:0 DOS:04-01-2006 EMERG: STAT:P F/R:N ENC:F DX2: ** Not Found *****
4 PAY TO:62EXG021 CCN:0612500623160001A REF ID: PROC:7X1614 RMH-PALMETTO SENIOR CARE CAPITAT RATE DX1: ** Not Found *****	BILLED: 2304.00 PAID: 2304.00 PD DATE:05-12-2006 CON:N COS:19 MOD:000 UOS: 1 PS:0 DOS:05-01-2006 EMERG: STAT:P F/R:N ENC:F DX2: ** Not Found *****
5 PAY TO:62EXG021 CCN:0615700197160001A REF ID: PROC:7X1614 RMH-PALMETTO SENIOR CARE CAPITAT RATE DX1: ** Not Found *****	BILLED: 2304.00 PAID: 2304.00 PD DATE:06-16-2006 CON:N COS:19 MOD:000 UOS: 1 PS:0 DOS:06-01-2006 EMERG: STAT:P F/R:N ENC:F DX2: ** Not Found *****

HEADER ID TOTALS:	CLAIMS	AMT PAID		
	5	11520.00		
REQUEST NUMBER TOTALS:	CLAIMS	AMT PAID	No. OF HEADER IDs	
	5	11520.00	1	
REQUESTOR TOTALS:	CLAIMS	AMT PAID	No. OF HEADER IDs	REQUESTS
	5	11520.00	1	1
LAST REQUESTOR - END OF REPORT				

SPEED MESSAGE

FROM

Mrs Betty Sandage

and Thomas Sandage

P.O. Box 8206 Columbia SC 29202-8206

SUBJECT

8.4.2006

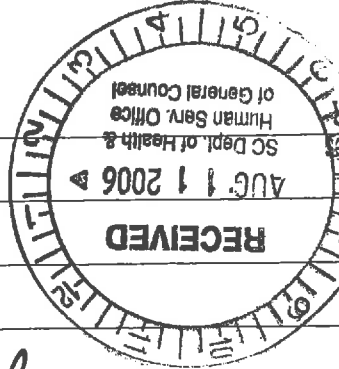
Dear Madam;

I hereby request copies of my
 1971's Billings Accord under the Freedom
 of Information Act of 1965. The time
 period is from 2-1-06 to the present
 date. This constitutes a waiver under
 the 1996 Privacy Act.

Thomas gov
 Betty Sandage

10-A for Betty Sandage

cc: Steward
 FOIA
 J. J. Steward



Department of Health & Human Services
 OFFICE OF THE DIRECTOR

AUG 11 2006

RECEIVED

REDIFORM

WHITE - ORIGINAL

CANARY - DUPLICATE

44-900 - Duplicate - 250 Sets