

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>12-10-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000199</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC</i> <i>Cleared 12/9/13, response letter attached.</i> <i>Called Sam 12/11/13 2:22 PM</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-19-13</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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA
ASSISTANT REPUBLICAN WHIP
COMMITTEES:
ARMED SERVICES
RANKING, PERSONNEL SUBCOMMITTEE
FOREIGN AFFAIRS
EDUCATION AND LABOR
HOUSE POLICY

Congress of the United States
House of Representatives

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

W. ERIC DELL
CHIEF OF STAFF
AND COUNSEL

RECEIVED

DEC 09 2013

December 2, 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Jennifer Lynch
Constituent Services
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Ms. Mary M. Hallowell, 282 Ellison Estates Road, Salley, SC 29137
SSN: 247-48-9508

Dear Ms. Lynch,

I am writing to you on behalf of a constituent who has contacted me regarding an issue involving a denial for Medicaid. A copy of the correspondence is enclosed for your convenience.

Your kind assistance would be greatly appreciated. Please respond to Sarah Beaulieu at the Aiken District Office at Post Office Box 104, Aiken, South Carolina 29802. The phone number is 803-642-6416. The fax number is 803-642-6418. The e-mail address is Sarah.Beaulieu@mail.house.gov.

It is an honor to represent the people of the Second Congressional District of South Carolina, and I value your input. If I may ever be of assistance to you, please do not hesitate to contact me.

Very truly yours,



JOE WILSON
Member of Congress

JW/sb

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. Box 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2535

TOLL FREE 1-888-381-1442



CONGRESSMAN JOE WILSON

Second District of South Carolina

Privacy Release

Consent for Release of Personal Records by Executive Agencies

To Whom It May Concern:

I have sought assistance from the Office of Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Name of Agency: _____

Mary M. Hollowell

Name (please print)

3-3-33

Date of Birth

282 Ellison Estates Rd. Salley S.C. 29137

Address

City

Zip

247-48-9508

Social Security Number

E-mail Address

803-564-3028

Telephone Number - Home

Telephone Number - Cell

Mary M. Hollowell

Signature

11-23-2013

Today's Date

Please briefly explain your concern (use the back if necessary):

I need help in paying my medical bills.

Congressman Joe Wilson (SC-02)

828 Richland Avenue West, Suite 300 | Post Office Box 104 | Aiken, SC 29802

Phone: (803) 642-6416 | Fax: (803) 642-6418

November 23, 2013

Dear Congressman Joe Wilson,
I am in great need of your help. My name is Mary Hallouell. I live near the Salley area. I have had breast cancer very recently. I had surgery and the lump was removed, I have done all my radiation treatments and I am now taking the cemo tablets once daily.

This is my problem, I applied for Medicaid and I was turned down, the letter stated, that I was too old to receive help from them. I called the office in which the letter came from and I talked to someone I can not remember if the person even told me their name. I told her what my letter said and I ask her what did they mean by that and if

they were waiting for me to die and she said yes mam.

Mr. Wilson I need your help to see if I can get Medicaid, I can not pay these bills by myself.

I most recently learned that they now want me to take more treatments because they are saying it has moved into my bones.

I am not ready to give up but I do need help in paying for my medical treatments, and just because I am old, I do not think I should be discriminated against. I will be waiting to hear from you. Thank you very much for your time

Mary Halliwell

P.S. By the way, I am eighty (80) years old. I was born 3-3-33.

Congress of the United States
House of Representatives
Washington, DC 20515-4002

OFFICIAL BUSINESS

PRINTED ON RECYCLED PAPER

RECEIVED

DEC 09 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Jennifer Lynch
Constituent Services
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206



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MAILED 4 66, 200
DEC 2013
JES W Dean
M.C. 2013-2014

December 9, 2013

Constituent: Mary H. Hollowell

I called Ms. Hollowell and explained that the Medicaid programs are based on an income limit. While on the phone, I checked to see if she could possibly qualify for any of the programs. Based on her income, I explained the QI program and informed her that I would send an application to her tomorrow. I mailed an application along with an overview of the program.

Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 • Columbia, SC 29202

www.scdhhs.gov

December 9, 2013

Mary Hollowell
282 Ellison Estate Rd.
Salley SC 29137

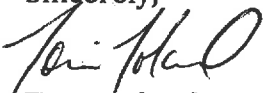
Dear Ms. Hollowell:

This is a follow-up to my telephone call regarding an application for the (QI) Qualifying Individual program to reimburse your Medicare Part B premiums.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. Based on our conversation, I would suggest that you apply for the QI program. Enclosed is an overview of the program, Application Form 914. If you would like to apply for the QI program, please complete the enclosed applications and mail to Central Eligibility Processing, PO Box 100101, Columbia, SC 29202-3101.

If you have questions, please contact me at (803) 898-1100.

Sincerely,



Torri Toland
Office of Legislative Affairs

Enclosures

