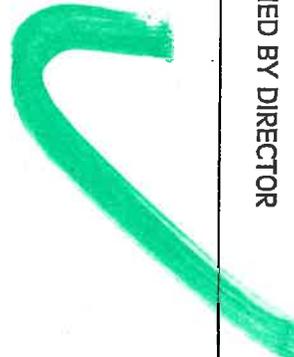


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Single Star</i>	DATE <i>7-6-10</i>
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<p align="center"><b>DIRECTOR'S USE ONLY</b></p> <p>1. LOG NUMBER <i>1011007</i></p> <p>2. DATE SIGNED BY DIRECTOR </p>	<p align="center"><b>ACTION REQUESTED</b></p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____</p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input checked="" type="checkbox"/> Necessary Action</p>
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of Inspector General  
Washington, D.C. 20201

JUN 30 2010

**RECEIVED**

JUL 06 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Bill Prince  
Medicaid Director  
Department of Health and Human Services  
P O Box 8206  
Columbia, South Carolina 29202-8206

Dear Mr. Prince:

Re: Carlos Contreras, M.D. #36810-019  
Federal Correctional Institution  
P. O. Box 699  
Estill, SC 29918-0699  
LICENSE #: ME0043908  
DOB: 11/04/1947  
SSN: 121-38-4191  
OI FILE NO.: M-08-40170-9

Medical Doctor  
MEDICARE PROVIDER NO.: None  
MEDICAID PROVIDER NO.: None  
LPPIN: E19672  
SANCTION AUTHORITY: 1128(a)(1)

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX program as of the effective date of this action.

**Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.**

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the Special Agent in Charge for Investigations if you receive any such claims.

Sincerely,

*Maureen R. Byer*

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations