

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>5-17-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000362</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cc: Cox</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>6-3-13</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.			



RECEIVED

MAY 17 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

May 15, 2013

Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

**RE: NHC Healthcare – Mauldin
850 E. Butler Road
Greenville, Sc 29607**

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

Workers' Compensation

Auto & Truck Collisions

Insurance Litigation

Social Security Disability

Serious Personal Injury

Medical & Nursing
Home Negligence

Ms. Putnam:

I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control interests, and related entities, including but not limited to, Form 1513.

If this cost is going to exceed \$100.00, please notify me of same prior to providing me with the information. I would greatly appreciate it if you would provide this information to me within the next 20 days. I look forward to hearing from you.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC

Alicia Grondski
Paralegal to Matthew Christian

/ag



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 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date: