

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-------------------|---------------|
| TO | DATE |
| <i>Single for</i> | <i>2-1-11</i> |

| | |
|--|--|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER <i>1011332</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>Cleand 2/3/11, letter attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-10-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action |

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



Eric S. Bland*

Ronald L. Richter, Jr.

*Also admitted in PA & FL

January 31, 2011

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FEB 01 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Reply to:
Peoples Building
Mezzanine Level
18 Broad Street
Charleston, SC 29401
Phone: 843.573.9900
Fax: 843.573.0200
ronnie@blandrichter.com

Offices also at:

1500 Calhoun Street
Columbia, SC 29201
Mail: P.O. Box 72
Columbia, SC 29202
Phone: 803.256.9664
Fax: 803.256.3056
ericbland@blandrichter.com

VIA EMAIL (info@scdhs.gov) & REGULAR U.S. MAIL
Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

RE: Insured Name: Dustin Larry "Dusty" Ward
Date of Birth: 8/20/1973
Social Security Number: 249-37-8956
Date of Injury: 10/24/2008

To Whom It May Concern:

This office has been retained by the above-named. We would appreciate you providing us with a copy of your payment ledger (Explanation of Benefits) from June 15, 2010 through present concerning our client. We have enclosed an authorization for the release of this information.

Thank you for your attention to this matter. Enclosed for your convenience is a self-addressed, stamped envelope.

With kind regards, I am

Very truly yours,

Lisa M. Taylor

Paralegal to Ronald L. Richter, Jr.

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FEB 01 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

/lmt
Enclosures

BLAND RICHTER, LLP
Peoples Building, Mezzanine Level
18 Broad Street
Charleston, South Carolina 29401

MEDICAL AUTHORIZATION AND PATIENT'S REQUEST FOR CONFIDENTIAL TREATMENT RECORDS, MEDICAL INFORMATION, FINANCIAL RECORDS AND ALL PERSONAL RECORDS (HIPAA COMPLIANT)

You are hereby authorized and directed to discuss my medical treatment, health information and permit the examination of, and the copying and reproduction in any manner, whether mechanical, photographic, or otherwise, by and with my attorney, Ronald L. Richter, Jr., Esquire, Eric Bland, Esquire, or other representative of Bland Richter, LLP, or such other person as he may authorize, all or any portions desired by him of the following:

1. Hospital records, medical bills, invoices, x-ray readings and reports, laboratory records and reports, all tests of any type or character, and reports thereof, statement of charges and any and all records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology or expenses;
2. Medical records, including patient's record cards, nurses and doctors daily notes, x-rays, d-ray readings and reports, medical opinions, laboratory records and reports thereof, statements of charges, and any and all of my records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology or expense;
3. Any and all tests of any nature for alcohol or any other drug of any nature.
4. All payroll, compensation, employee benefit or financial records belonging to me.

You are further authorized and directed to furnish oral and written reports to my attorney, or his delegate, as requested by him on any of the foregoing matters. The patient identifiable health information received pursuant to this release authorization is to be used for the following purposes: No-fault, (PIP) insurance claims, liability claims, underinsured motorist claims, workers' compensation claims and all other insurance or legal matters related to my injuries or health condition. I also authorize my attorney or his delegate to photograph my person while I am present in any hospital.

By reason of the fact that such information that you have acquired as my physician or surgeon is confidential to me, you are also requested to treat such information as confidential and requested not to furnish any of such information in any form to anyone including but not limited to, any insurance company, without written authorization from my attorney, Ronald L. Richter, Jr. or Eric Bland. By my signature on this document, I hereby revoke any previously dated medical authorizations.

I have been fully advised of my rights under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and CFR 164.528, and I intend for this authorization to satisfy the requirements of HIPAA and the rules and regulations relating to that Act. In that regard, I certify that I consent to the release of my records to my attorney, that the purpose of this request is for my attorney to assist me in my legal claim, and that the release of my entire medical record is the minimum disclosure necessary to satisfy this request. I understand that there is a potential for unauthorized re-disclosure of the information and that the re-disclosed information may not be protected by federal confidentiality rules.

A photocopy and a facsimile copy hereby shall be deemed to have the same effect as an original request for information and documents that is signed by me. The foregoing authority shall continue in full force and effect until revoked by me in writing or upon the termination of Bland Richter, LLP's representation of me.

WITNESS:

[Handwritten signature]

Wesley Siwinski
Patient / Client

8-20-73
Date of Birth

049.39.8956
Social Security Number

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FEB 0 1 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Info Info
To: Bryan Kost
Date: 1/31/2011 3:46 PM
Subject: Fwd: Dustin Larry Ward (Forward from Info ID)
Attachments: Dustin Larry Ward

Message automatically forwarded from Info ID

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FEB 01 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda James - Dustin Larry Ward

RECEIVED

FEB 01 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Lisa Taylor <Lisa@blandrichter.com>
To: "info@scdhhs.gov" <info@scdhhs.gov>
Date: 1/31/2011 3:46 PM
Subject: Dustin Larry Ward
CC: Lisa Taylor <Lisa@blandrichter.com>
Attachments: 2011-01-31 ltr to Medicaid - payment ledger.pdf

Good Afternoon. Please see the attached correspondence regarding Mr. Dustin Larry Ward. Thank you, Lisa

Lisa Taylor
Paralegal to Ronald L. Richter, Jr.
Bland Richter, LLP
Attorneys at Law
Peoples Building, Mezzanine Level
18 Broad Street
Charleston, South Carolina 29401
843.573.9900 (telephone)
843.573.0200 (facsimile)
lisa@blandrichter.com

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PLEASE VISIT OUR WEBSITE AT: www.blandrichter.com**

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Log # 000332

February 3, 2011

Ms. Lisa M. Taylor
Bland Richter, LLP
Peoples Building
18 Broad Street
Charleston, SC 29401

Re: Dustin Larry "Dusty" Ward

Dear Ms. Taylor:

Thank you for your courtesy in providing the Medical Authorization and Patient's Request for Confidential Treatment Records, Medical Information, Financial Records and all Personal Records. Enclosed as you requested is an updated Detailed Claims Report (DCR) for Mr. Dustin Larry Ward. The DCR lists services billed to Medicaid as well as the amount Medicaid paid for services rendered between June 15, 2010 and present. Depending upon the service, there may be a normal lag time of two (2) months or so before the claims show up. Also, providers normally have one (1) year from the date of service to bill.

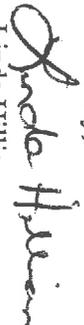
In addition, I have forwarded a copy of your requests to the agency's Third Party Liability Department. Pursuant to Medicaid third party recovery rules, the Department of Health and Human Services has subrogation and assignment rights from the client, to the extent of the amount(s) paid on his/her behalf by Medicaid, to third party coverage. In the event that it is determined in this matter that there are Medicaid expenditures that are the responsibility of a liable third party, a summary of charges and payments, which are or appear to be related may be forwarded to the attorneys under separate cover.

Our expense for reproducing this active claims information is twenty-five and 61/100 dollars (\$25.61), which includes the minimum charge of twenty-five dollars for computer time. This document is a true and accurate printout directly from computerized information kept in the normal course of Department business. Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

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

Sincerely,


Linda Hillian
Paralegal

/s/

Enclosures

cc: Lynette Wilson, Receivables (w/o enclosures)
Bruce Carter, TPPL