SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Henry McMaster GOVERNOR
Joshua D. Baker DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

Hardship Waiver Exception Request

Date: _____

Contact Name: _____

Organization Name:_____

Address:_____

City: _____ State: _____ Zip:_____

Phone Number: ( ) _____ - _____

NPI: _____

EIN: _____

Provider Type/Specialty: _____

Application Reference ID: _____

Reason for Waiver Request:

This request must document the basis for the waiver request including a discussion of the impact on beneficiary access to care if the fee is imposed. Include any comments on the financial or legal records that might be needed to make a determination of hardship. Examples of sufficient documentation to support the request may include historical cost reports, recent financial reports, bank statements, income statements, cash flow statement and/or tax returns.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you have any questions or need additional information, please contact Medicaid Provider Enrollment at (888) 289-0709, Option 4.

Please return the completed Hardship Waiver Exception Request to SC Medicaid via fax at (803) 870-9022.