



# Bulletin

Michigan Department of Community Health

**Distribution:** All Provider 04-01

**Issued:** February 1, 2004

**Subject:** Sanctioned Providers (Monthly Update)

**Effective:** Upon Receipt

**Programs Affected:** Medicaid, Children's Special Health Care Services,  
State Medical Program

Attached is the February update to the sanctioned/reinstated provider list published with the All Provider 03-07 bulletin.

## Manual Maintenance

Retain this bulletin for future reference.

## Questions

Any questions regarding this bulletin should be directed to: Provider Support, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free: 1-800-292-2550.

Approved:

A handwritten signature in black ink that reads 'Paul Reinhart'. The signature is written in a cursive, flowing style.

Paul Reinhart  
Director  
Medical Services Administration



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Appendix	<b>SANCTIONED PROVIDERS LIST</b>	DATE February 1, 2004 AP 04-01

	MEDICAID I.D. NO.	EFFECTIVE DATE OF PROVIDER SANCTION	EFFECTIVE DATE OF NON- COVERAGE OF REFERRALS	SANCTIONING AUTHORITY
<b><u>BIRMINGHAM REHAB &amp; PHYSICAL THERAPY CTR., INC.</u></b>		<b>12-18-03</b>	<b>12-18-03</b>	<b>HCFA</b>
<b>24650 W. MCNICHOLS RD., DETROIT</b>	<b>3204873</b>			
<b><u>FRIEDMAN, KENNETH M., DDS</u></b>		<b>10-20-03</b>	<b>10-20-03</b>	<b>HCFA</b>
<b>31515 GRATIOT, ROSEVILLE</b>	<b>1830895</b>			
<b><u>HIGGWE, GOLDEN G., DPM</u></b>		<b>10-20-03</b>	<b>10-20-03</b>	<b>HCFA</b>
<b>28165 GREENFIELD RD., SOUTHFIELD</b>	<b>3202725</b>			
<b>13011 W. MCNICHOLS, DETROIT</b>	<b>3202734</b>			
<b>7330 PURITAN, DETROIT</b>	<b>3216471</b>			
<b><u>MAMBY, AUDLEY R., MD</u></b>		<b>10-27-03</b>	<b>10-27-03</b>	<b>HCFA</b>
<b>2900 HANNAH BLVD., EAST LANSING</b>	<b>3059585</b>			
<b>121 N. PINE RIVER, ITHACA</b>	<b>3411734</b>			
<b>427 SEMINOLE, MUSKEGON</b>	<b>3490012</b>			
<b>550 E. WASHINGTON, STE. 101, IONIA</b>	<b>4136849</b>			
<b><u>RASSEL, J. EDWARD, DC</u></b>		<b>10-20-03</b>	<b>10-20-03</b>	<b>HCFA</b>
<b>535 N. CLIPPERT ST., STE. 1, LANSING</b>	<b>1724542</b>			



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Appendix	<b>SANCTIONED PROVIDERS LIST</b>	DATE February 1, 2004 AP 04-01

MEDICAID I.D. NO.	EFFECTIVE DATE OF PROVIDER REINSTATEMENT	EFFECTIVE DATE OF NON- COVERAGE OF REFERRALS	REINSTATING AUTHORITY
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**REINSTATEMENTS**

**NASIR, IQBAL, MD**

**11-21-03**

**HCFA**