

Distribution: All Provider 04-11

Issued: August 1, 2004

Subject: Sanctioned Providers (Monthly Update)

Effective: As Indicated

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

Attached is the August update to the sanctioned/reinstated provider list published with the All Provider 04-03 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 . 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:



Paul Reinhart
Director
Medical Services Administration



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Appendix	SANCTIONED PROVIDERS LIST	DATE August 1, 2004 AP 04-11

	MEDICAID I.D. NO.	EFFECTIVE DATE OF PROVIDER SANCTION	EFFECTIVE DATE OF NON- COVERAGE OF REFERRALS	SANCTIONING AUTHORITY
<u>A DENTAL CENTER, PC</u>		07-20-04	07-20-04	CMS
15830 FORT ST., SOUTHGATE	1750248			
“ “	1721729			
“ “	4170359			
“ “	3277510			
“ “	1969400			
“ “	2967189			
“ “	1948803			
“ “	3277520			
“ “	1903759			
“ “	3408461			
“ “	3348381			
“ “	2726425			
“ “	4444524			
“ “	2604665			
“ “	4052453			
“ “	3281531			
<u>BENISATTO, SALVATORE D. (OWNER) And EATON MANOR, INC.</u>		07-20-04	07-20-04	CMS
511 E. SHEPARD, CHARLOTTE	3091279			
<u>EATON MANOR, INC. And BENISATTO, SALVATORE D. (OWNER)</u>		07-20-04	07-20-04	CMS
511 E. SHEPARD, CHARLOTTE	3091279			
<u>NOSAL, LEONARD, DDS</u>		07-20-04	07-20-04	CMS
10641 HIGHLAND RD., WHITE LAKE	4051189			
<u>WALKER, WALLACE LEE, JR., DDS</u>		07-20-04	07-20-04	CMS
7330 W. WARREN, DETROIT	2741762			



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Appendix	SANCTIONED PROVIDERS LIST	DATE August 1, 2004 AP 04-11

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

OROWE, STANISLAUS J., MD

03-02-04

DCH