

**Distribution:** All Provider 04-07

**Issued:** June 2004

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

**Effective:** Upon Receipt

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

Attached is the June 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](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:



Paul Reinhart  
Director  
Medical Services Administration



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Appendix	<b>SANCTIONED PROVIDERS LIST</b>	DATE	June 2004 AP 04-07

	MEDICAID I.D. NO.	EFFECTIVE DATE OF PROVIDER SANCTION	EFFECTIVE DATE OF NON- COVERAGE OF REFERRALS	SANCTIONING AUTHORITY
<b><u>A DENTAL CENTER, PC</u></b>		<b>05-20-04</b>	<b>05-20-04</b>	<b>HCFA</b>
<b>17234 GODDARD, ALLEN PARK</b>	<b>1768180</b>			
<b><u>ENJOY DENTAL CARE, PC</u></b>		<b>05-20-04</b>	<b>05-20-04</b>	<b>HCFA</b>
<b>7330 W. WARREN, DETROIT</b>	<b>2741726</b>			
<b><u>PFEIFER, LAUREN J., MD</u></b>		<b>05-20-04</b>	<b>05-20-04</b>	<b>HCFA</b>
<b>401 N. HOOPER ST., CARO 13101 SIMS HWY., MORENCI</b>	<b>2867610 3054408</b>			
<b><u>WEITZMAN, RAYMOND J., MD</u></b>		<b>05-20-04</b>	<b>05-20-04</b>	<b>HCFA</b>
<b>4616 FORESTVIEW, WEST BLOOMFIELD</b>	<b>1091270</b>			
<b>24301 S. TELEGRAPH, SOUTHFIELD</b>	<b>1867723</b>			
<b>41935 W. 12 MILE RD., NOVI</b>	<b>2819186</b>			
<b>27207 LAHSER RD., SOUTHFIELD</b>	<b>2819195</b>			
<b>22341 W. 8 MILE RD., DETROIT</b>	<b>3436798</b>			



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Appendix	<b>SANCTIONED PROVIDERS LIST</b>	DATE June 2004 AP 04-07

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

<b>BENJAMIN, ROXANNE L., DO</b>	<b>11-07-00</b>		<b>HCFA</b>
<b>NAJOR, GERALD, RPH</b>	<b>03-11-04</b>		<b>DCH</b>
<b>WEINSTOCK, SANFORD A., DPM</b>	<b>03-09-04</b>		<b>HCFA</b>