

WUKELA LAW FIRM

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September 14, 2017

Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
PO Box 11629
Columbia SC 29211

Re: Kimberly Odom v. Carolinas Hospital System
Appellate Case No. 2017-000148

RECEIVED
SEP 18 2017
SC Court of Appeals

Dear Ms. Kitchings:

As indicated in the Court's Order of July 26, 2017, the parties previously informed the Court that they received a verbal settlement agreement in the above referenced matter. Thereafter on August 15, 2017 the Worker's Compensation Commission approved the settlement. Please find attached a copy of the approved Workers' Compensation settlement. Pursuant to the Court's Order of July 26, 2017 please accept this letter as notification of that approval by the Commission. Please issue a remittitur at the Court's convenience.

By copy of this letter I am confirming this correspondence with Ashley R. Kirkham, Christian Stegmaier, and Kelsey Brudvig for the Respondents.

With kind regards, I am

Yours truly,

WUKELA LAW FIRM

STEPHEN J. WUKELA

SJW:bjm

cc: Ashley Kirkham
Attorney at Law
Christain Stegmaier, Esquire
Kelsey Brudvig
Attorney at Law

Honorable Amy Bracy
SC Workers' Compensation Commission

STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

BEFORE THE S.C. WORKERS'
COMPENSATION COMMISSION

KIMBERLY ODOM,)
)
Employee/Claimant,)
)
vs.)
)
CAROLINAS HOSPITAL SYSTEM,)
)
Employer,)
)
and)
)
INDEMNITY INSURANCE COMPANY)
OF NA,)
)
Carrier/Defendants.)

W.C.C. File No: 1208234

RECEIVED

SEP 18 2017

SC Court of Appea

SETTLEMENT AGREEMENT AND
RELEASE OF ALL WORKERS'
COMPENSATION CLAIMS

RECEIVED
SETTLEMENT

AUG 15 2017

Division of Claims
SC Workers' Comp. Comm.

I.
RECITALS

That heretofore on or about the 20th day of June, 2012, while in the employ of Carolinas Hospital System, (hereinafter called "Employer"), County of Florence, State of South Carolina, Kimberly Odom (herein referred to as "Claimant") sustained an injury by an accident arising out of and in the course of her employment when she sustained an injury to her back, left leg, and psyche. Claimant alleges she is entitled to additional medical and/or indemnity benefits under the Workers' Compensation Act of South Carolina as contained in Title 42 of the Code. It is the desire of Claimant and the joint desire of Carolinas Hospital System and Indemnity Insurance Company of NA (herein referred to as "Employer/Carrier") to fully and permanently resolve such claim for benefits. The parties have entered into this written agreement to set forth the terms of their agreement to settle or otherwise resolve all claims that Claimant may have for benefits for Workers' Compensation from Employer/Carrier, all pursuant to Regulation 67-803 of the SC Workers' Compensation Commission. The date of this agreement is the date first written beside Claimant's signature below.

II.
SCOPE AND CONSTRUCTION OF THIS AGREEMENT OR ORDER

(A) Agreement, when approved by the Commission or a Commissioner shall be construed as an Act, Judgment or Decree of South Carolina. This agreement shall be construed as a contract between the parties, and when approved by the South Carolina Workers' Compensation Commission, it shall also be an official act, decree and judgment entitled to full faith

and credit in all of the states of the United States. The parties agree that this agreement and order of the South Carolina Workers' Compensation Commission shall be construed under the laws of South Carolina.

(B) The agreement shall have a dual nature and shall also survive as a contract. Even though this agreement, when approved by the South Carolina Workers' Compensation Commission shall be treated as an order of the same, it is also to be construed as a contract, with the provisions of the same enforceable in a court of competent jurisdiction.

(C) Agreement extinguishes all claims. As a part of the consideration of this agreement, the Employer/Carrier has agreed to pay the sum stated below as an extinguishment of the claim whose claim number is listed above, and additionally any and all other Workers' Compensation claims which might be brought by Claimant. A claim need not be referenced in the Form 50(s) associated with the claim number above to be ended by this settlement; rather this settlement ends all possible claims which might be made by Claimant including those claims not specifically listed herein. The parties' agreement is to extinguish all Workers' Compensation claims of any nature whatsoever, whether or not they have manifested in a disability of Claimant. Such extinguished claims include those that may have a different date of injury or be a result of an occupational disease.

(D) Agreement ends all future compensation, including the Claimant's right to seek a change of condition under 42-17-90. In exchange for the payment herein made Claimant does relinquish and forever end any entitlement or right to seek additional Workers' Compensation benefits, including medical expenses, based upon a change of condition as set forth in South Carolina Code Section 42-17-90.

(E) Agreement ends all future compensation including Claimant's right to seek additional medical care under the doctrine set forth in *Dodge* and as provided in 42-15-60. As further consideration of the payment herein made, Claimant does relinquish any right to additional medical care under South Carolina Code section 42-15-60, or any right to medical care under the holding in *Dodge v. Brucoli, Clark, Layman, Inc.*, 334 S.C. 574, 514 S.E.2d 593, and related cases.

(F) The payment made herein satisfies the obligation on the part of Employer/Carrier to pay medical expenses incurred through the date of this agreement. The payment as set forth herein is inclusive of any obligation by the Employer/Carrier to pay for medical expenses incurred through the date of this agreement. This shall be construed to include only medical expenses which were authorized by the Employer/Carrier.

(G) The payment made herein satisfies any obligation of Employer/Carrier to pay for temporary disability benefits, mileage reimbursement, travel costs, interest on any unpaid benefits, attorneys' fees, and any and all penalties or fines which might be payable to Claimant. The payment made herein satisfies any obligation of Employer/Carrier to pay for temporary disability benefits or for temporary partial wage loss. Additionally the payment herein, so far as applicable to this claim, shall be deemed to also include reimbursement for travel costs, mileage, interest on any unpaid benefits, attorneys' fees, and any and all penalties or fines which might be payable to Claimant.

(H) Consideration for settlement of this claim includes all medical payments (if any) made by Employer/Carrier to date. In addition to the money paid as consideration for this agreement, the parties recite that Claimant has received and Employer/Carrier has paid those sums as evidenced by the Commission's Form 19 (if recorded on the Commission's forms) with such sums being paid for medical expenses associated with this claim.

(I) This settlement is a compromise settlement, and is not an admission of liability. This agreement shall be construed as a compromise settlement, and the parties acknowledge that Employer/Carrier might prevail on issues such as jurisdiction, compensation rate, notice, statute of limitations, the degree of disability to which Claimant may suffer, whether the incident actually qualifies as a Workers' Compensation injury or occupational disease, whether Claimant's medical condition is causally related to the employment, whether Claimant was intoxicated, whether Claimant willfully injured herself, whether Claimant was within the course and scope of employment, whether Claimant has elected a remedy other than Workers' Compensation, whether Claimant obtained the employment based on fraudulent representations, whether any medical treatment sought or claimed would lessen Claimant's disability, and other defenses, all of which might impact Claimant's entitlement to benefits. Therefore, this settlement is made on a disputed basis and represents a compromise settlement between the parties.

III.

REPRESENTATION THAT CLAIMANT IS NOT ON SOCIAL SECURITY DISABILITY; INDEMNITY TO EMPLOYER/CARRIER FOR LIABILITY TO GOVERNMENTAL AGENCIES

Claimant represents and stipulates that she has not received Social Security disability benefits, Medicare Benefits or Medicaid Benefits. As a condition precedent to this agreement Claimant certifies that none of the following conditions apply to her:

- (a) Claimant has applied for Social Security Disability Benefits;
- (b) Claimant has been denied Social Security Disability Benefits but anticipates appealing that decision;
- (c) Claimant is in the process of appealing and/or re-filing for Social Security Disability Benefits;
- (d) Claimant is 62 years and 6 months old (i.e., may be eligible for Medicare based upon his/her age within 30 months); or
- (e) Claimant has an End Stage Renal Disease (ESRD) condition but does not yet qualify for Medicare based upon ESRD.

Additionally, Claimant certifies that at the signing of this agreement there is not known to Claimant any claim or entitlement to reimbursement from any governmental agency, whether state, federal or local. Claimant agrees to defend, indemnify, and hold harmless Employer/Carrier if the

Social Security Administration or the Department of Health and Human Services or any other State or United States agency makes any claim against Employer/Carrier as a result of this Workers' Compensation claim.

IV.

COVENANT OF ALL PARTIES TO COOPERATE AND EXECUTE OTHER DOCUMENTS TO FURTHER PURPOSES OF THIS AGREEMENT

All parties covenant and agree to execute any other documents, including the release of medical information, the furnishing of medical bills, and any forms which might be required by the South Carolina Workers' Compensation Commission or similar agencies in another State. Additionally, in the event that one or more of the parties hereto files or has filed a third party action against a tortfeasor in which it is alleged that the injuries compensated herein are compensable by the defendant therein, then each party agrees to cooperate with the other so as to facilitate recovery in that action.

V.

CLAIMANT HAS HAD THE BENEFIT OF COUNSEL

Claimant acknowledges that she has had the benefit of a competent and experienced attorney, Stephen J. Wukela, Esquire, in the consideration of this agreement; that she has had adequate time to consider the terms herein; that she is not suffering from any disability or impairment that would prevent her from entering into this agreement; and that there has been no unfair or undue coercion on the part of Employer/Carrier in connection with Claimant's entering into this settlement. Claimant has read and fully understands this agreement, and most importantly she has entered it as a full, final, complete, and conclusive release of the Employer, the Carrier and all persons privy to either from any and all further liability to Claimant.

VI.

NO WARRANTY OR REPRESENTATION AS TO SOCIAL SECURITY OFFSET

This agreement has been drafted after consultation by counsel for the Employer/Carrier and Claimant; however, the treatment of payment(s) made herein may result in an offset of Social Security payments received by Claimant. Any such offset shall not constitute a basis to revoke this agreement, and the counsel for Employer/Carrier makes no warranty to Claimant as to the effect of this settlement on any Social Security benefits she may receive.

VII.

RELEASE OF CARRIER AND EMPLOYER

NOW THEREFORE, for and in consideration of the payment to Claimant of the sum of:

- FIFTY THOUSAND AND 0/100 DOLLARS (\$50,000.00) to resolve indemnity benefits
- TWO HUNDRED FORTY-ONE THOUSAND EIGHT HUNDRED THIRTY-FIVE AND 0/100 DOLLARS (\$241,835.00), to be funded by annuity to resolve future medical treatment.

- o See attached Exhibit 1: Future Medical Cost Projection
- o See attached Exhibit 2: Annuity Terms and Conditions

and in further consideration of the mutual covenants herein contained, Claimant hereby releases, discharges and binds Claimant's heirs, executors, administrators, dependents, next-of-kin, personal representatives, privies and assigns under the Act to release, discharge, defend and indemnify Employer/Carrier and their respective agents, servants, insurers, physicians, privies and their successors, from and against any and all debts, claims, demands, causes of action, rights of action and liabilities whatsoever including, but not limited to, any consequences whatsoever of any injuries sustained by Claimant while in the Employer's employ, whether known or unknown, and including, but not limited to, any right which Claimant might otherwise have to demand employment or benefits for disability, disfigurement, bodily impairment, medical treatment, medicine or drugs, lost time or death, under the Act, and specifically including any right which Claimant might otherwise have to demand further benefits by way of compensation or medical care under the Act because of a change in condition hereafter (which right is hereby expressly waived, released and renounced) whether or not arising out of or directly or indirectly in any way conceivably attributable to Claimant's injury by accident as aforesaid and each and every consequence thereof, whether known or unknown.

The Claimant hereby requests this Commission approve the allocation of the aforementioned proposed settlement sum as follows: Sixteen Thousand Six Hundred Sixty-Six and 67/100 (\$16,666.67) Dollars toward the payment of attorney's fees and Two Thousand Two Hundred Thirteen and 56/100 (\$2,213.56) Dollars toward the payment of costs and Thirty-One Thousand One Hundred Twenty-Eight and 30/100 Dollars in compromise settlement of disputed past and future disability compensation benefits at the rate of Sixteen and 47/100 (\$16.47) Dollars per week commencing August 1, 2017 for a period of 1890 weeks thereafter, which is the Claimant's life expectancy pursuant to §19-1-50 of the Code of Laws of South Carolina, 1976, as Amended, James v. Anne's, Inc., 2010 S.C. Lexis 340 (S.C. Oct. 25, 2010), and by the Third Circuit Court of Appeals in Sciarotta v. Bowen, 837 F.2d 135 (3rd Cir. 1988).

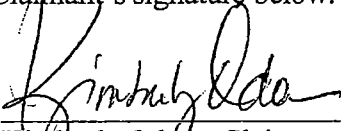
It is, therefore, agreed that from those Medical Cost Projection funds the Claimant shall pay for future causally related medical treatment in such amounts as allowed by the Workers' Compensation Fee Schedule promulgated by the Commission. Furthermore, Claimant's medical providers shall bill the Claimant for such future causally related medical treatment in only such amounts as allowed by said Fee Schedule and shall accept payment made by the Claimant according to the Fee Schedule in full satisfaction of their bills for such treatment.

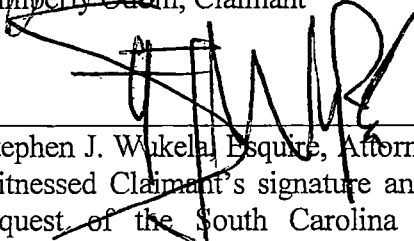
Further, the parties agree and the Commission hereby Orders that the South Carolina Workers' Compensation Commission shall retain jurisdiction of this claim following the issuance of this Consent Order for the limited purpose of requiring that the medical expenses for Claimant's work related injuries are paid from the Medical Cost Projection amount, consistent with the South Carolina Workers' Compensation Commission Fee Schedules as set out above. Since Defendants have absolved all responsibility for payment of future medical treatment, Defendants will not need to appear for any such proceeding.

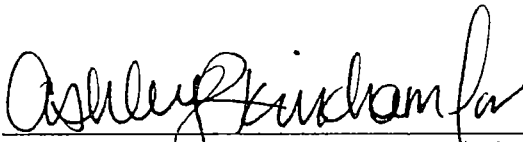
This Agreement shall be subject to the approval of the Commission, and it is stipulated and agreed between the parties that upon such approval, this Agreement shall not be subject to review,

modification or amendments by the Commission or the Courts of this State. Each party prays the approval of this Agreement by the Commission as being to her or their best interest.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed as of the date and year written beside Claimant's signature below.


_____ Date: 8/7/17
Kimberly Odom, Claimant


_____ Date: 8/7/17
Stephen J. Wakela, Esquire, Attorney for Claimant, who has witnessed Claimant's signature and does also make a joint request of the South Carolina Workers' Compensation Commission to approve this Settlement Agreement


_____ Date: 8/10/17
Ellen M. Adams, Esquire, Attorney for Employer/Carrier, who also makes a joint request of the South Carolina Workers' Compensation Commission to approve this Settlement Agreement



February 2, 2017

Claim Information

Claimant:	Kimberly S. Odom	Claim No.:	002020-048774-WC-01
SSN:	XXX-XX-1931	Medical Pricing:	WC Fee Schedule
Employer:	Carolinas Hospital System	RX Pricing:	Red Book AWP
Date of Injury:	6/20/2012	Jurisdiction :	South Carolina
DOB/Age:	5/28/1971 / 45	Rated Age/Rated LE:	49 / 32
Total Future Medical Cost Projection Amount:		\$241,835.00	

Future Medical Cost Projection

FMCP:			
Item/Service	Frequency (over L/E)	Unit Cost	Lifetime Cost
Physician Visits			
Pain Management Specialist	128	\$96.50	\$12,352
Neurosurgeon	32	\$144.00	\$4,608
Psychiatrist	32	\$201.00	\$6,432
Psychologist/Psychotherapy	128	\$116.50	\$14,912
Total Physician Visits			\$38,304
Therapy			
Physical Therapy	36	\$130.50	\$4,698
Total Therapy			\$4,698
Diagnostic Testing			
CT Scans (lumbar)	6	\$354.50	\$2,127
CT Scans (thoracic)	6	\$351.50	\$2,109
X-rays (lumbar)	10	\$63.50	\$635
X-rays (thoracic)	10	\$51.00	\$510
EMG/NCS (bilateral lower extremities)	2	\$588.00	\$1,176
Total Diagnostic Testing			\$6,557
Surgeries			
Spinal Cord Stimulator Battery Replacement	4	\$30,274.00	\$121,096
SCS Reprogramming	64	\$222.00	\$14,208
Trigger Point Injections	6	\$82.00	\$492
Medial Branch Blocks	6	\$720.07	\$4,320
Total Surgeries			\$140,116
DME			
None			\$0



		Total DME	\$0
Rx			
Hydrocodone/APAP 10-325mg #30	384	\$25.00	\$9,600
Ibuprofen 800mg Tab #30	384	\$18.00	\$6,912
Celebrex 200mg Cap #60	384	\$77.00	\$29,568
			\$0
		Total Rx	\$46,080
Additional Services			
Labs (CBC/Metabolic Panel/Venipuncture)	32	\$30.12	\$964
Urine Drug Screens	64	\$79.94	\$5,116
		Total Additional Services	\$6,080
TOTAL BFMCP			\$241,835

Claim Summary

Medical Records and Payment Screens Received/Reviewed

- Payment History Dated: 1/23/17
- Prescription Invoice Payments Through: 12/21/16
- Carolinas Hospital/Dr. Brennan: 7/3/12-7/2/13
- Dr. Perez-Garcia: 7/6/12-7/13/12
- Dr. Kline: 11/9/12-12/6/16
- Dr. Windsorova: 1/30/13-4/22/15

Occupationally Related Conditions

- 847.2 - Lumbar strain
- 722.10 - Lumbar disc disease
- 724.4 - Lumbar radiculopathy
- 721.3 - Lumbar spondylosis
- 724.2 - Low back pain
- 338.4 - Chronic pain syndrome
- 296.32 - Major depressive disorder

Denied Body Parts and/or Other Non-Related Conditions

- Smoker
- Hip impairment (denied)

Accident Description - Initial Injury and Treatment

Ms. Odom is a 45 year old individual who on 6/20/12, sustained injury to her lower back when she slipped and fell during the course of her employment. She was seen initially in the emergency department in the hospital she worked in and was diagnosed as suffering from an acute lumbar strain and sciatica. Medications were prescribed and Ms. Odom was discharged in stable condition.

Ms. Odom was then referred to Family Practice Specialist Dr. Maria Perez-Garcia, who on 7/6/12 also reported a diagnosis of a lumbar strain injury. A cortisone injection was administered and medications also continued to be prescribed. In her report of 7/13/12, Dr. Perez-Garcia noted that an MRI scan of the patient's lumbar spine



demonstrated an L5-S1 disc herniation and paraspinal ligament injury. Dr. Perez-Garcia discharged Ms. Odom from her care and recommended that she follow up with a neurosurgeon. On 7/31/12, Ms. Odom was evaluated by Neurosurgeon Dr. James Brennan, with diagnoses of a lumbar strain, lumbar spondylosis, low back pain, and lumbar radiculopathy being reported. Physical therapy was prescribed, and lumbar epidural steroid injections were subsequently administered. However the second injection reportedly resulted in an increase in Ms. Odom's pain, and a three level nerve root injection was then completed on 10/4/12. But it also provided only temporary benefit and on 10/19/12, Dr. Brennan indicated no additional injections were planned at that time. A CT myelogram was completed and in his report of 11/7/12, Dr. Brennan indicated that it only revealed mild spondylitic changes at L4-5 and L5-S1. It was recommended by Dr. Brennan that Ms. Odom be referred to a pain management specialist, and for possibly consideration of a spinal cord stimulator (SCS).

On 11/14/12, an SI joint injection was administered by Pain Management Specialist Dr. Richard Kline, and another SI joint injection with radiofrequency ablation was also performed on 12/18/12. But again only short term relief was produced with these procedures. On 1/16/13, Dr. Kline recommended that Ms. Odom be referred to a psychologist for assessment of her depressive symptoms, and for possible spinal cord stimulator clearance.

Psychologist Dr. Dora Windsorova evaluated Ms. Odom on 1/30/13, and reported diagnoses of major depressive disorder, and pain disorder associated with both psychological factors and general medical condition. It was recommended that the patient be provided with anti-depressant medications and psychotherapy. Ms. Odom was also cleared to undergo a SCS trial.

The SCS trial was subsequently initiated by Dr. Kline on 4/4/13 and as it was deemed successful, permanent SCS implantation was performed by Dr. Brennan on 4/23/13. Trigger point injections to Ms. Odom's lumbar spine were also administered on 10/28/13. Into 2014, Ms. Odom reported experiencing an exacerbation of her lumbar injury, and on 4/18/14, a medial branch block was completed by Dr. Kline. Medication management would also continue to be provided through the remainder of 2014 and into 2015. In his progress report of 4/22/15, Dr. Kline noted that authorization to administer thoracic medial branch blocks and radiofrequency ablation was pending, along with possible bilateral hip injections. However impairment with regard to Ms. Odom's hips is not considered to be a compensable aspect of this claim. The patient would also continue to follow up with Dr. Windsorova for treatment of her depression. Conservative management would continue into 2016.

Summary of Current Medical Treatment

On 12/6/16, Dr. Kline reported that Ms. Odom was experiencing worsening low back pain, and reprogramming of her SCS was suggested. The medications Hydrocodone and Ibuprofen also continued to be prescribed.

Date of maximum medical improvement was not addressed in the medical records provided.

Recommendations and Considerations

We recommend verifying the Social Security and Medicare status prior to commencing settlement negotiations for this case to determine the possible need for a Medicare Set-Aside.

While it is not possible to accurately predict all future medical and technological advances or associated complications pertaining to this case, the Future Medical Cost Projection is thought to reflect what can be reasonably anticipated for the claimant's future medical care based on the information provided. Present day costs were utilized and no provision has been made for future inflation. This Future Medical Cost Projection should be updated every six months or with significant changes to the claimant's medical condition.



Medical mileage at the statutory rate may need to be considered for inclusion into the final cost projection calculation if it is applicable to this case.

- It is recommended that you have Ms. Odom's treating physician specify the medications currently being prescribed to treat her compensable low back pain, and those that are being provided for her non-work related hip injury.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alvin L. Harvey".

Alvin L. Harvey, MSCC
Medicare Set-Aside Specialist

Medical Cost Projection Terms of Settlement

In consideration of the terms set forth herein, the Insurer on behalf of the Employer agrees to pay to the individual(s) named below the sums outlined in the Medical Cost Projection prepared by OPTUM on February 2, 2017. The claimant will receive \$7,557.32 in Seed money to initiate the Medical Account and future payments as described below:

SUMMARY OF FUTURE MEDICAL BENEFITS:

Payee: **Kimberly Odom**

\$7,557.32 paid if living, payable annually, beginning 08/20/2018 for a maximum of 31 years which is 31 payments.

Payments will be made only if the Claimant is alive when the payment is due.

All sums set forth herein constitute damages on account of personal injuries or sickness, within the meaning of Section 104 (a) (1) of the Internal Revenue Code of 1986, as amended.

Claimant's Rights to Payments

Claimant acknowledges that the Periodic Payments cannot be accelerated, deferred, increased or decreased by the Claimant or any Payee; nor shall the Claimant or any Payee have the power to sell, mortgage, encumber, or anticipate the Periodic Payments, or any part thereof, by assignment or otherwise.

Consent to Qualified Assignment

Claimant acknowledges and agrees that the Insurer may make a qualified assignment, within the meaning of Section 130(c) of the Internal Revenue code of 1986, as amended, of the Insurer's liability to make the Periodic Payments set forth above to **New York Life Insurance and Annuity Corporation** (the Assignee). The Assignee's obligation for payment of the Periodic Payments shall be no greater than that of the Employer and/or the Insurer (whether by judgment or agreement) immediately preceding the assignment of the Periodic Payments obligation.

Any such assignment shall be accepted by the Claimant without right of rejection and shall completely release and discharge the Insurer from the Periodic Payments obligation assigned to the Assignee. The Claimant recognizes that, in the event of such an assignment, the Assignee shall be the Sole obligor with respect to the Periodic Payments obligation, and that all the other releases with respect to the periodic Payments obligation that pertain to the liability of the Insurer shall thereupon become final, irrevocable and absolute.

Right to Purchase an Annuity

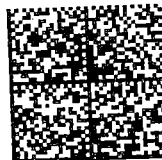
The Assignee reserves the right to fund the liability to make the Periodic Payments through the purchase of an annuity policy from **New York Life Insurance Company** (the "Annuity Issuer"). The Assignee shall be the sole owner of the annuity policy and shall have all rights of ownership. The Assignee may have the Annuity Issuer mail payments directly to the Payee. The Claimant shall be responsible for maintaining a current mailing address for the Payee with the Annuity Issuer.

Discharge of Obligation

The obligation of the Assignee to make each Periodic Payment shall be discharged upon the mailing of valid check in the amount of such payment to the designated address of the Payee(s) named above or upon completion of an electronic funds transfer in the amount of such payment to the deposit account of such Payee most recently designated pursuant to this settlement agreement.

WUKELA LAW FIRM

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057



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\$ 000.88⁰

Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
PO Box 11629
Columbia SC 29211

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