

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
T. Scott Beck, Commissioner

W.C.C. 1012533
Appellate Case No. 2017-001764

RECEIVED

JUN 15 2020

SC Court of Appeals

Chisolm Frampton, Employee,.....Appellant,

v.

SC Department of Natural Resources, Employer, and
South Carolina State Accident Fund, Carrier.....Respondents.

**RETURN TO MOTION
TO SUPPLEMENT RECORD ON APPEAL**

The Respondents, the South Carolina Department of Natural Resources and the South Carolina State Accident Fund, respectfully request that the Appellant's Motion to Supplement the Record on Appeal pursuant to Rule 212(b), S.C.A.C.R. be denied. Under Rule 212(b), a party may "move the appellate court for leave" to supplement the Record on Appeal "after argument commences;" however, there is no provision allowing for the supplementation of the Record on Appeal after a decision has been rendered by the Court of Appeals, as was done in this case on May 13, 2020. Therefore, the Respondents respectfully contend that the Appellant's post-

judgment Motion to Supplement the Record on Appeal is untimely and improper under the Appellate Court Rules.

In addition, the purported argument for supplementing the Record on Appeal is not only untimely and improperly raised, but is based upon a misstatement of fact. Specifically, the Appellant argues that the Blue Cross/Blue Shield State Health Plan did not cover the Appellant's cervical fusion surgery on March 21, 2011 and that the Record should be supplemented with additional evidence "to ensure the Court does not suffer a misapprehension of this fact." However, there is no danger of any such "misapprehension." Not only did the BCBS State Health Plan pre-certify the charges the charges associated with this surgery, but the State Health Plan actually paid these charges. (*See attached, Exhibit 1*)¹. This is because the Appellant did not seek or receive authorization from the State Accident Fund for surgery prior to March 21, 2011. In fact, the Appellant's workers' compensation claim was closed on September 28, 2010 (three weeks after the accident) and was not reopened until July 8, 2011 – more than three months after surgery. (*See attached, Exhibit 2*)². Therefore, any statement to the effect that his surgery was covered-by or paid-for by the BCBS State Health Plan is factually correct and; therefore, it is unnecessary to supplement the Record on Appeal.

More importantly, the issue of insurance coverage for the March 21, 2011 surgery is not properly before the Court of Appeals at this time. The Hearing Commissioner noted in her October 4, 2016 Decision and Order that the

¹ Exhibit 1 consists of the Appellant's own medical records.

² Exhibit 2 is part of the Commission's file and; therefore, included in the Record before the Commission.

Respondents argued Appellant had “a cervical fusion surgery that was covered under State Health Plan.” (R. p.2). The Appellant did not present any evidence to the contrary, other than his own testimony, which the Commission found to lack credibility. (R. p.28, #5). The Appellant did not raise any issue with respect to the fact that his surgery was covered under the State Health Plan in his Form 30 appeal to the Commission’s Appellate Panel. (R. p.41). In addition, the Appellant did not challenge the fact that his surgery was covered under the BCBS State Health Plan in his Brief to the Commission’s Appellate Panel. (R. pp.44–47). Therefore, the Respondents had no notice that the issue was either contested, or even material to the appeal, otherwise it could have been addressed in more detail before the Commission.

Similarly, the Appellate Panel made the identical statement (“he required a cervical fusion surgery that was covered under the State Health Plan”) in the Commission’s Final Decision and Order dated July 24, 2017. (R. p.14). The Appellant did not challenge the fact that surgery was covered under the BCBS State Health Plan in his Brief to the Court of Appeals. Instead, the Appellant’s Brief reads as follows:

“Frampton testified he was sent to the neurosurgeon by workers’ compensation and that workers’ compensation paid for his surgery. (R. p.80, lines 6-14; p.84, lines 6-8). Respondents countered – **and nobody contests** – that the neurosurgeon’s notes do not reference a work-related injury and that some of the records from the March visit

and surgery list Frampton's health insurance³, not workers' compensation. (R. pp.166-168, 196-197, 201, 203)." (Appellant's Brief pp.1-2) (*emphasis added*).

The Court of Appeals noted this admission in the May 13, 2020 Opinion, stating:

"he believed workers' compensation paid for the surgery. However, none of Dr. Bailey's medical records reference a work-related injury on September 4, 2010, and some list Frampton's state health plan as the insurer."

This statement is correct and the documents with which the Appellants seek to supplement the Record on Appeal do not change this fact.

However, the Appellant now apparently desires to argue that the BCBS State Health Plan covered his cervical spine surgery on March 21, 2011, despite his prior admissions (Appellant's Brief pp.1-2), and his failure to ever contest the issue before the Workers' Compensation Commission or the Court of Appeals prior to the judgment of the Court of Appeals on May 13, 2020. The Respondents respectfully contend that it is improper to raise this issue for the first time in a post-judgment motion. See Wilder Corp. v. Wilke, 330 S.C. 71, 76, 497 S.E.2d 731, 733 (1998) ("It is axiomatic that an issue cannot be raised for the first time on appeal, but must have

³ Exhibit 1 includes additional evidence of the fact that "records from the March visit and surgery list Frampton's health insurance, not workers' compensation."

been raised to and ruled upon by the trial judge to be preserved for appellate review.") (internal citations omitted).

Moreover, the documents with which the Appellant seeks to supplement the Record say nothing about a cervical spine surgery on March 21, 2011 and otherwise clarify no issue before the Court. Indeed, the majority opinion clearly acknowledges that the Respondents paid some of his medical bills and states that the mere payment of medical bills is not tantamount to an admission of liability:

“Frampton argues that, because DNR admitted the injury and paid for some of his treatment with Dr. Bailey, the parties believed the only disputed issue at the hearing before the single commissioner would be the extent of his spinal injury and whether his arms were injured.

DNR's initial provision of treatment for Frampton's injury does not estop it from later contesting liability under these circumstances. *See Dozier v. Am. Red Cross*, 411 S.C. 274, 292–93, 768 S.E.2d 222, 231–32 (Ct. App. 2014) (holding employer did not waive its right to contest the compensability of the claimant's injury by providing treatment for 728 days and explaining a finding of waiver would discourage employers from providing treatment).”

Clearly, no record documenting that some medical expenses were paid by the Respondents on behalf of the Appellant – a fact that has already been acknowledged specifically by the Court --would change the Court’s legal analysis. Additionally, the

mere provision of medical benefits has no bearing on the Respondents' right to contest liability under S.C. Code Ann. § 42-9-35. As previously explained by the Court of Appeals, if the provision of medical benefits were deemed an admission of liability, it

“would discourage employers from providing any level of treatment for a certain condition for fear that providing treatment for a potentially unrelated condition would irrevocably affect a future finding on permanent disability.” Dozier v. Am. Red Cross, *supra*.

Therefore, the Respondents respectfully request that the Motion to Supplement the Record on Appeal be denied, as the documents are not relevant to any issue properly before the Court of Appeals, nor is there any danger of the Court “misapprehending” any fact without these documents. In the alternative, should the Court permit the Appellant to supplement the Record on Appeal, the Respondents respectfully request that the documents contained in Exhibits 1 and 2 attached hereto also be added to the Record on Appeal. Without the additional context provided by Exhibits 1 and 2, the Respondents are unable to address the new arguments raised for the first time in the Appellant's Motion and are unable to defend against the Appellant's new assertions that the Appellants have somehow made misleading statements to the Court.

Respectfully submitted,

/s/ Kirsten Leslie Barr

Kirsten Leslie Barr
SC Bar #15525
Trask & Howell, L.L.C.
P.O. Box 2167
Mt. Pleasant, SC 29465
(843) 881-1027
kbarr@trask-howell.com
Attorneys for Respondents

June 10, 2020

EXHIBIT 1

SURGERY SCHEDULING SHEET

file

Surgeon: Barley

Patient's Name: Alexander Frampton

Dx/Code: 723.1

Procedure Codes: 63075, 76, 22554, 22585, 20931, 22845

Consent to Perform: ACDF C5/6 C6/7

Surgeon Positioned on Patient's: Left Right

Special Requests: c-arm / microscope / drill / surgical assist / Danek / Acromed / Synthes /

Aesculap: _____

Procedure Date: 3/21/11 Surgery Time: _____ Admit Time: _____

Hospital: St Francis # of Hours: _____ PAT date/time: _____ Status _____

Scheduled With: Laura Date: _____

In Patient's Notes: _____ In Appt Scheduler: _____ Told Patient: _____

Film Location: _____

Notes: _____

Alerts: Cognitively Impaired Nursing Home Malignant Hyperthermia

Weight over 300 lbs. MRSA/VRE

SCHEDULE FIRST PRE-OP APPT FOR: _____

Precertification Information

Insurance/Precert Co Name: BC STATE

Name of Contact: Donna Phone #: _____ Ext. #: _____

Precert/Authorization #: 1108008450323 x 2 day

Date Completed: 3/21/11

FRAMPTON, ALEXANDER C

11080-00605

03/21/11

03/22/11

F1
17

ALEXANDER C FRAMPTON SR
5296 DIXIE PLANTATION RD
HOLLYWOOD SC 29449

SELF

03/26/11 IPC

400400 BCBS STATE HEALTH PLAN

ZCS27344721

FRAMPTON, ALEXANDER

03/21/11	24	16200 ROOM 0504 P		1	1,317.00	1,317.00
		TOTAL R AND B PRIVATE MED GENERAL				1,317.00
03/21/11	13527339	1160SENNA 8.6 MG TAB		1	0.00	0.00
03/21/11	13533117	1766EPHEDRINE SULFATE (PRESSORS)		1	36.00	36.00
03/21/11	13533118	1839GLYCOPYRROLATE 0.4MG/2ML S		1	36.00	36.00
03/21/11	13533113	2150PROPOFOL 200MG/20ML EMUL		1	36.00	36.00
03/21/11	13533113	2169ROCURONIUM BROMIDE 50MG/5ML		1	36.00	36.00
03/21/11	13527340	217DOCUSATE SODIUM 100 MG CAP		1	0.00	0.00
03/21/11	13533114	2488LIDOCAINE HCL (2%) SOLN		1	36.00	36.00
03/21/11	13526770	3656GELATIN ADSORBABLE[SIZE 100]		1	92.75	92.75
03/21/11	13533112	3845DESFLURANE LIQD	180	1	6.00	1,080.00
03/21/11	13526769	3889BACITRACIN SOLUTION SOLR		1	36.00	36.00
03/21/11	13527346	3970MORPHINE SULFATE 5 MG/ML S		1	46.00	46.00
03/21/11	13527346	3970MORPHINE SULFATE 5 MG/ML S		1	46.00	46.00
03/21/11	13524587	4557LIDOCAINE HCL 1% (LOCAL ANE		1	36.00	36.00
03/21/11	13527270	4661SODIUM CHLORIDE FLUSH 0.9%		1	36.00	36.00
03/21/11	13527342	640CYCLOBENZAPRINE HCL 10 MG		1	2.50	2.50
03/22/11	13527329	1044OXYCODONE-ACETAMINOPHEN [5-3		2	4.50	9.00
03/22/11	13527419	1140QUINAPRIL HCL 20 MG TAB		1	2.50	2.50
03/22/11	13527339	1160SENNA 8.6 MG TAB		1	0.00	0.00
03/22/11	13527344	1287ZOLPIDEM TARTRATE 5 MG TAB		2	4.50	9.00
03/22/11	13527344	1287ZOLPIDEM TARTRATE 5 MG TAB		-1	4.50	4.50CR
03/22/11	13527340	217DOCUSATE SODIUM 100 MG CAP		1	0.00	0.00
03/22/11	13531595	3022LIDOCAINE HCL (2%) GEL		1	24.25	24.25
03/22/11	13533170	3143TAMSULOSIN HCL 0.4 MG CP24		1	21.75	21.75
03/22/11	13527462	3248CITALOPRAM HYDROBROMIDE 20 M		1	2.50	2.50
03/22/11	13527270	4661SODIUM CHLORIDE FLUSH 0.9%		1	36.00	36.00
03/22/11	13527335	468ACETAMINOPHEN 325 MG TAB		2	0.00	0.00
		TOTAL PHARMACY				1,655.75
03/21/11	13527322	1353NACL [0.9%] SOLP		1	48.00	48.00
03/21/11	13527322	1353NACL [0.9%] SOLP		2	48.00	96.00
		TOTAL PHARMACY IV SOLUTIONS				144.00
03/21/11	32	72504 BONE IMPLANT LEVEL 3		1	2,297.00	2,297.00
03/21/11	34	72504 BONE IMPLANT LEVEL 3		1	2,297.00	2,297.00
03/21/11	36	72630 SCREW/BOLT IMPLANT LEVEL 6		2	689.00	1,378.00

Patient: FRAMPTON, ALEXANDER C

MRN: 000655963

Encounter: 1108000605

Page 1 of 5

FRAMPTON, ALEXANDER C

11080-00605

03/21/11

03/22/11

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ALEXANDER C FRAMPTON SR
5296 DIXIE PLANTATION RD
HOLLYWOOD SC 29449

SELF

03/26/11 IPC

400400 BCBS STATE HEALTH PLAN

ZCS27344721

FRAMPTON, ALEXANDER

03/21/11	37	72836	CERVICAL LEVEL 2 TOTAL OTHER IMPLANTS	1	4,650.00	4,650.00 10,622.00
03/21/11	1	30130	XR C ARM (FLUORO MORE THAN 1 TOTAL DIAGNOSTIC RADIOLOGY	1	784.00	784.00 784.00
03/21/11	35	55130	OR LEVEL IV INITIAL 30 MINS	1	5,696.00	5,696.00
03/21/11	31	55135	OR LEVEL IV EA ADD 30 MINS TOTAL OR SERVICES	6	2,847.00	17,082.00 22,778.00
03/22/11	29	42000	OT EVAL 15 MIN TOTAL EVALUATION OR REEVALUATION OT	1	151.00	151.00 151.00
03/21/11	13527322		15CEFAZOLIN SODIUM 1 GM SOLR	2	36.00	72.00
03/21/11	13527322		15CEFAZOLIN SODIUM 1 GM SOLR	4	36.00	144.00
03/21/11	13533116		1711DEXAMETHASONE SODIUM PHOSPHA	1	36.00	36.00
03/21/11	13524917		1799PENTANYL CITRATE 250MCG/5ML	1	46.00	46.00
03/21/11	13524912		1993MIDAZOLAM HCL 2MG/2ML SOLN	1	46.00	46.00
03/21/11	13533119		2029NEOSTIGMINE METHYLSULFATE 10	1	36.00	36.00
03/21/11	13527326		2038ONDANSETRON HCL 4 MG/2 ML	1	36.00	36.00
03/21/11	13524918		3972HYDROMORPHONE HCL 2 MG/ML	1	46.00	46.00
03/21/11	13524918		3972HYDROMORPHONE HCL 2 MG/ML TOTAL DRUGS REQUIRING DETAIL CODING	1	46.00	46.00 508.00
03/21/11	33	54132	PACU INITIAL 30 MINS	1	1,147.00	1,147.00
03/21/11	30	54134	PACU EA ADDL 30 MINS TOTAL RECOVERY ROOM	1	426.00	426.00 1,573.00

TOTAL CHARGES

39,532.75

TOTAL PAYMENTS/ADJUSTMENTS
ESTIMATED PATIENT BALANCE DUE

0.00
0.00

39,532.75

Patient: FRAMPTON, ALEXANDER C

MRN: 000655963

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03/21/11	13527339	1160 SENNA 8.6 MG TAB	1	0.00	0.00
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03/21/11	13533113	2150 PROPOFOL 200MG/20ML EMUL	1	36.00	36.00
03/21/11	13533115	2169 PROCURONIUM BROMIDE 50MG/5ML	1	36.00	36.00
03/21/11	13527340	217 DOCUSATE SODIUM 100 MG CAP	1	0.00	0.00
03/21/11	13533114	2488 LIDOCAINE HCL (2%) SOLN	1	36.00	36.00
03/21/11	13526770	3656 GELATIN ADSORBABLE [SIZE 100]	1	92.75	92.75
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03/21/11	13524587	4557 LIDOCAINE HCL 1% (LOCAL ANE	1	36.00	36.00
03/21/11	13527270	4661 SODIUM CHLORIDE FLUSH 0.9%	1	36.00	36.00
03/21/11	13527342	640 CYCLOBENZAPRINE HCL 10 MG	1	2.50	2.50
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03/22/11	13527344	1287 ZOLPIDEM TARTRATE 5 MG TAB	2	4.50	9.00
03/22/11	13527344	1287 ZOLPIDEM TARTRATE 5 MG TAB	-1	4.50	4.50 CR
03/22/11	13527340	217 DOCUSATE SODIUM 100 MG CAP	1	0.00	0.00
03/22/11	13531595	3022 LIDOCAINE HCL (2%) GEL	1	24.25	24.25
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03/22/11	13527335	468 ACETAMINOPHEN 325 MG TAB	2	0.00	0.00
		TOTAL PHARMACY			1,655.75
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FRAMPTON, ALEXANDER C

11080-00605

03/21/11

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ALEXANDER C FRAMPTON SR
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03/26/11 IPC

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03/21/11	13533119	2029	NEOSTIGMINE METHYLSULFATE 10	1	36.00	36.00
03/21/11	13527326	2038	ONDANSETRON HCL 4 MG/2 ML	1	36.00	36.00
03/21/11	13524918	3972	HYDROMORPHONE HCL 2 MG/ML	1	46.00	46.00
03/21/11	13524918	3972	HYDROMORPHONE HCL 2 MG/ML TOTAL DRUGS REQUIRING DETAIL CODING	1	46.00	46.00 508.00
03/21/11	33	54132	PACU INITIAL 30 MINS	1	1,147.00	1,147.00
03/21/11	30	54134	PACU EA ADDL 30 MINS TOTAL RECOVERY ROOM	1	426.00	426.00 1,573.00
TOTAL CHARGES						39,532.75
03/31/11	749	10101	BCBS Electronic Payment	400400	16,587.42	CR
03/27/11	524	A0079	PCON PPO ADJUSTMENT	400400	21,034.75	CR

Patient: FRAMPTON, ALEXANDER C

MRN: 000655963

Encounter: 1108000605

Page 4 of 5



PRACTICE: _____ MR#: _____

Patient Information

Last Name: FRampton Mr. Mrs. Miss SSN: 250-31-2858
 First Name: Alexander Other title _____ Date of Birth: / /
 Middle: Chisolm (Doctor, General, the III, etc...) Sex: Male Female
 Marital Status: Married Single Separated Divorced Widowed Relationship to Guarantor: _____
 Student Status: Full Part N/A School: _____ Phone: () _____
 Employment: Full Part None Employer: SCDNR Phone: (843) 953-9307
 Address: (This practice will send all correspondence to this address unless you provide us an alternate address below)
 Street: 5296 Dixie Plantation Rd City: Hollywood State: SC Zip: 29449
 Phone: (843) 571-0053 (RSFH will contact you at this number unless you provide us an alternate number below)
 May we leave a general voice message for appointment reminders at this contact phone number? Yes _____ No
 May we leave a general voice message for normal test results at this contact phone number? Yes No _____
 In Case of Emergency Contact Name Lisa Frampton
 Relationship Wife Home Phone () 571-0053 Work Phone (843) 870-5554

Alternate Address

Last Name: _____ Mr. Mrs. Miss SSN: _____
 First Name: _____ Other title _____ Date of Birth: / /
 Middle: _____ (Doctor, General, the III, etc...) Sex: Male Female
 Address: _____ Phone: Home () _____
 City: _____ State: _____ Zip: _____ Phone: Work () _____
 (Complete only if you want the Practice to communicate with you at an address/phone different than you provided above)
 Alternate Address: _____ Alternate Phone: () _____
 City: _____ State: _____ Zip: _____

Primary Insurance

Member/Policyholder (if different from patient)		Member/Policyholder (if different from patient)	
<u>SCBCBS</u>		_____	
Member/Policyholder ID#	Date of Birth	Member/Policyholder ID#	Date of Birth
<u>2CS2734721</u>	<u>5/27/65</u>	_____	_____
Insurance Co. Phone Number	Group #	Insurance Co. Phone Number	Group #
() _____	_____	() _____	_____
Insurance Co. Address (Street Address/ P.O. Box)		Insurance Co. Address (Street Address/ P.O. Box)	
_____		_____	
City	State	Zip	City
_____	_____	_____	_____

Ongoing Communication Regarding Your Healthcare

We may release/discuss your health information with following individuals/organizations for the following dates of service, range of time, or event(s): From (MM/DD/YY) _____ To (MM/DD/YY) _____

Name (Physician, family, etc)	Address	Phone/Fax	Relationship
Tim Jones			Phy.
John Davis			Phy.

A separate authorization must be completed if the information being release differs between the individuals/organizations listed above.

Authorization, Assignment of Benefits and Referral Medical Release

I hereby authorize the release of medical information including complete medical records, test results, and billing information to my insurance company, and to other medical professionals and medical care institutions that I may be referred to for treatment. I understand that this information will be used to review, investigate, or make payment of a claim, and to review records for quality improvement initiatives, audit compliance, utilization management, and complaint resolution. I authorize payment directly to Roper Saint Francis Healthcare for all medical or surgical benefits otherwise payable to me under terms of my insurance. I understand that I am financially responsible for all co-payments, co-insurance, deductibles, and non-covered services. A photocopy of this form shall be considered as effective and as valid as the original.

I have been provided a copy of the Roper Saint Francis Healthcare Notice of Information Practices.

Signed: Alexander Charles Hampton Date 3 / 16 / 10

Office Use Only:

PROVIDER IDENTIFICATION

Last Name: Frampton Mr. Mrs. Miss SSN: 250-31-2958
 First Name: Alexander Other title _____ Date of Birth: 5/27/1965
 Middle: Chiselum (Doctor, General, the III, etc...) Sex: Male Female _____
 Marital Status: Married Single Separated Divorced Widowed Relationship to Guarantor: _____
 Student Status: Full Part N/A School: _____ Phone: () _____
 Employment: Full Part None Employer: S.C.D.W.R. Phone: () 843 953 9307
 Address: (This practice will send all correspondence to this address unless you provide us an alternate address below)
 Street: 5296 Dixie Plantation Rd City: Hollywood State: SC Zip: 29449
 Phone: (843) 870 5554 (RSFH will contact you at this number unless you provide us an alternate number below)
 May we leave a general voice message for appointment reminders at this contact phone number? Yes No _____
 May we leave a general voice message for normal test results at this contact phone number? Yes No _____
 In Case of Emergency Contact Name Lisa Frampton
 Relationship Wife Home Phone () 571-0053 Work Phone () 953-7449
569-9089

EMERGENCY CONTACT INFORMATION

Last Name: _____ Mr. Mrs. Miss SSN: _____
 First Name: _____ Other title _____ Date of Birth: ____/____/____
 Middle: _____ (Doctor, General, the III, etc...) Sex: Male _____ Female _____
 Address: _____ Phone: Home () _____
 City: _____ State: _____ Zip: _____ Phone: Work () _____
 (Complete only if you want the Practice to communicate with you at an address/phone different than you provided above)
 Alternate Address: _____ Alternate Phone: () _____
 City: _____ State: _____ Zip: _____

INSURANCE INFORMATION

Member/Policyholder (if different from patient) <u>BCBS</u>		Member/Policyholder (if different from patient)	
Member/Policyholder ID#	Date of Birth	Member/Policyholder ID#	Date of Birth
Insurance Co. Phone Number	Group #	Insurance Co. Phone Number	Group #
()		()	
Insurance Co. Address (Street Address/ P.O. Box)		Insurance Co. Address (Street Address/ P.O. Box)	
City	State	Zip	City
			State
			Zip

Ongoing Communication Regarding Your Healthcare

We may release/discuss your health information with following individuals/organizations for the following dates of service, range of time, or event(s): From (MM/DD/YY) _____ To (MM/DD/YY) _____

Name (Physician, family, etc)	Address	Phone/Fax	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A separate authorization must be completed if the information being release differs between the individuals/organizations listed above.

Guarantor Email Address:

Frampton C @ DNE, SC. GOV

Authorization to Release of Health Information

I hereby authorize the release of medical information including complete medical records, test results, and billing information to my insurance company, and to other medical professionals and medical care institutions that I may be referred to for treatment. I understand that this information will be used to review, investigate, or make payment of a claim, and to review records for quality improvement initiatives, audit compliance, utilization management, and complaint resolution. I authorize payment directly to Roper Saint Francis Healthcare for all medical or surgical benefits otherwise payable to me under terms of my insurance. I understand that I am financially responsible for all co-payments, co-insurance, deductibles, and non-covered services. A photocopy of this form shall be considered as effective and as valid as the original.

I have been provided a copy of the Roper Saint Francis Healthcare Notice of Information Practices.

Signed: AC Frampton

Date 3 11 11

Office Use Only:

Patient Information	
Last Name: <u>FRampton</u>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____ Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
First Name: <u>Alex</u>	Date of Birth: <u>5/27/65</u> Age: <u>50</u> SSN: <u>282 31-2858</u>
Middle Name: <u>Chisolm</u>	Preferred Name: <u>Chisolm</u>
Address: <u>2431 Royal Oak P.</u> City: <u>Chas</u> County: <u>Chs</u> State: <u>SC</u> Zip: <u>29455</u>	
Email Address: <u>FRampton & DNR, S.C. COV</u>	
Home Phone: () _____	Cell Phone: <u>(843) 572-5554</u> Work Phone: <u>(803) 734-4004</u>
May we leave a message about appointments or normal test results on the phone numbers you provided? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Would you like to receive appointment reminders via text message? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please provide cell phone number above.)	
Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partner <input type="checkbox"/> Unknown	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other: _____	
Primary Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	
Student Status: <input checked="" type="checkbox"/> Not a Student <input type="checkbox"/> Full <input type="checkbox"/> Part	
Employment Status: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> N/A Employer: <u>SCDNR</u>	
Pharmacy name: <u>CUS</u>	Address: <u>MAthBANK Wth</u> Phone: () _____
Emergency Contact: Name: <u>Lisa Frampton</u>	Relationship: <u>Wife</u> Phone: () <u>5689089</u>
Alternate Contact: If you want this Practice to contact you at an alternate address or telephone number, please complete:	
Alt. Address: _____	City: _____ State: _____ Zip: _____ Phone: () _____
Referred by: _____	Primary Care Physician: <u>John Davis</u>

Guarantor/Financially Responsible Person (if different from patient)	
Last Name: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____ Sex: Male _____ Female _____
First Name: _____	Date of Birth: ____/____/____ Age: _____ SSN: _____
Middle: _____	Relationship to Patient: _____
Address: _____ City: _____ State: _____ Zip: _____	
Home Phone: () _____	Cell Phone: () _____ Work Phone: () _____
Guarantor/Financially Responsible Person's Email Address: _____	

Primary Insurance	Secondary Insurance
Insurance Company: <u>BCBS</u>	Insurance Company: _____
Policyholder Name: <u>Alexander C Frampton</u>	Policyholder Name: _____
Member or Policyholder ID#: _____	Member or Policyholder ID#: _____
Policyholder Date of Birth: <u>5/27/65</u>	Policyholder Date of Birth: _____
Insurance Co. Phone #: _____	Insurance Co. Phone #: _____
Group#: <u>State 7 SC</u>	Group#: _____
Relationship to Patient: _____	Relationship to Patient: _____

Consent for Treatment, Authorization, Assignment of Benefits, and Referral Release

CONSENT FOR TREATMENT: I consent and authorize a Roper St. Francis Physician Partners ("RSFPP") physician or designated qualified assistant to provide me medical treatment and to use and release my protected health information for treatment, payment, and healthcare operations as allowed by HIPAA and as described in the RSFPP Notice of Privacy Practices, a copy of which has been made available to me.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I understand that my medical information, including complete medical records, test results, and billing information, may be released to my insurance company and to other medical professionals and/or medical care institutions for treatment and payment purposes.

ASSIGNMENT OF INSURANCE BENEFITS: I hereby assign all my rights and allow payment to be made directly to RSFPP for all medical or surgical benefits otherwise payable to me under terms of my insurance.

PAYMENT GUARANTEE: I understand and agree that I am responsible for paying all co-payments, co-insurance, deductibles, and non-covered services rendered by RSFPP, including charges for services not covered by my insurance. I consent and authorize RSFPP and third party agents of RSFPP to contact me by telephone at any number associated with me, including a wireless number, and to use a pre-recorded and/or an automatic dialing service in connection with any communication made to me or related to my account.

A photocopy of this form shall be considered as effective and as valid as the original.

To the best of my knowledge the information I have given on this form is accurate and true. I know it is my or my legal guardian's responsibility to keep RSFPP informed of changes to my contact information; a failure to do so may interfere with the ability to contact me concerning my healthcare.

Print Patient's Name: Alex C Jaampko

Patient's Signature: (Signature)

Date: 5/22/16

Print Legal Guardian's Name: _____

Legal Guardian's Signature: _____

Date: ____/____/____

Ongoing Communication Regarding Your Healthcare

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM RSFPP MAY DISCUSS YOUR MEDICAL CONDITION? IF YES, WHOM? (Please provide the information below.)

For ongoing communication regarding your healthcare and for your privacy, you must complete this section to authorize RSFPP to release and/or discuss your health information with the following people or organizations for the specific dates of service or event(s). Any revocation or modification to your authorization with regard to an individual or organization must be submitted in writing.

PLEASE NOTE: By listing an individual(s)/entity(s) below, you authorize ALL RSFPP physician offices to release and/or discuss your health information with the individual(s)/entity(s). If you wish to EXCLUDE certain RSFPP physician offices/practice areas from releasing and/or discussing your health information with the individual(s)/entity(s), please indicate that below.

From date of service/event(s): _____ To date of service/event(s): _____

Name of Individual/Entity	Phone Number	Relationship	RSFPP Physician Office(s)
<i>Example: John Doe</i>	<i>843-555-1212</i>	<i>Husband</i>	Exclude: <i>OB/GYN, Urology</i>
<i>Lisa Jaampko</i>	<i>568-1089</i>	<i>Wife</i>	Exclude: _____
_____	_____	_____	Exclude: _____
_____	_____	_____	Exclude: _____

A separate Authorization to Release Information Form must be completed for any individual(s)/entity(s) not listed in the section above. To request restrictions of the use of your information, you must complete a separate Request For Restrictions Form.

Please identify below the individual(s) that you authorize to receive prescriptions from your RSFPP provider(s). For the individual(s) identified below, you may authorize (1) ALL prescriptions or (2) EXCLUDE certain prescriptions.

Name of Individual	Phone Number	Relationship	Prescription(s)
_____	_____	_____	<input type="checkbox"/> All <input type="checkbox"/> Exclude: _____
_____	_____	_____	<input type="checkbox"/> All <input type="checkbox"/> Exclude: _____
_____	_____	_____	<input type="checkbox"/> All <input type="checkbox"/> Exclude: _____

EXHIBIT 2

1012533CHISOLM A	09/04/10	State Accident	FOR: State Accident	John C Land, III	03/11/20
FRAMPTON	Fund	Fund	Fund	Land Parker & Welch, PA	Form 18
-VS- DEPT	P.O. Box 102100	Erin Farthing	PO Box 138	PO Box 138	Received
OF	Columbia SC 29221	State Accident Fund	Manning SC 29102	Manning SC 29102	09/09/19
NATURAL	bblack@saf.sc.gov	PO Box 102100	john@lpwlawfirm.com	john@lpwlawfirm.com	Form 18
RESOURCES	(800) 521-6576	Columbia SC 29221	(803) 435-8894	(803) 435-8894	Received
		EFarthing@saf.sc.gov			03/07/19
		(803) 896-5892	Blake A. Hewitt	Blake A. Hewitt	Form 18
			Bluestein Nichols Thompson	Bluestein Nichols Thompson	Received
		FOR: State Accident	Delgado LLC	Delgado LLC	09/10/18
		Fund	P O Box 7965	P O Box 7965	Form 18
		Kirsten L. Barr	Columbia SC 29202	Columbia SC 29202	Received
		Trask & Howell, LLC	bhewitt@bntdlaw.com	bhewitt@bntdlaw.com	03/08/18
		PO Box 2167	(803) 779-7599	(803) 779-7599	Form 18
		Mt.			Received
		Pleasant SC 29465	Stephen B. Samuels	Stephen B. Samuels	09/08/17
		kbarr@trask-	Samuels Reynolds Law Firm	Samuels Reynolds Law Firm	Form 18
		howell.com	1320 Richland Street	1320 Richland Street	Received
		(843) 881-4228	Columbia SC 29201	Columbia SC 29201	08/28/17
			stephen@samuelsreynolds.com	stephen@samuelsreynolds.com	Notice of
			(803) 779-4000	(803) 779-4000	intent to
					appeal to
					Court of
					Appeals
					07/24/17
					Order
					Assigned to
					be Written
					07/24/17
					Order
					Served
					03/31/17
					Order
					Assigned to
					be Written
					03/10/17
					Form 18
					Received
					01/23/17
					Notice
					Printed
					01/23/17
					Scheduled
					for appeal
					hearing
					01/12/17

Appeal
Hearing
Postponed
01/12/17
Notice
Printed
01/09/17
Appellate
Reply Brief
Uploaded
through
eCase by
JOHN C
LAND, III
(CLT)
01/05/17
Respondent
Brief
Uploaded
through
eCase by
KIRSTEN L.
BARR
(CAR)
01/03/17
Notice
Printed
01/03/17
Scheduled
for appeal
hearing
12/30/16
Appellants
Brief
received
12/22/16
Appellant
Brief
Uploaded
through
eCase by
KIRSTEN L.
BARR
(CAR)
12/20/16
Appellants

Brief
received
12/20/16
Appellant
Brief
Uploaded
through
eCase by
JOHN C
LAND, III
(CLT)
11/23/16
Notice
Printed
11/22/16
Scheduled
for appeal
hearing
10/20/16
Ready to
set for
Appeal
Hearing
10/20/16
Oral
Argument
requested
10/20/16
Appeal filed
10/19/16
Ready to
set for
Appeal
Hearing
10/19/16
Oral
Argument
requested
10/19/16
Appeal filed
10/04/16
Order
Served
09/08/16
Form 18
Received

03/09/16
Form 18
Received
02/16/16
Order
Assigned to
be Written
09/14/15
Form 18
Received
07/29/15
Hearing
Held
07/17/15
APA
Uploaded
through
eCase by
JOHN C
LAND, III
(CLT)
07/16/15
APA
Uploaded
through
eCase by
KIRSTEN L.
BARR
(CAR)
07/16/15
Exhibits
Uploaded
through
eCase by
KIRSTEN L.
BARR
(CAR) by
KIRSTEN L.
BARR
(CAR)
07/03/15
Pre-
Hearing
Brief
Uploaded
through

eCase by
KIRSTEN L.
BARR
(CAR)
06/25/15
Pre-
Hearing
Brief
Uploaded
through
eCase by
JOHN C
LAND, III
(CLT)
05/13/15
Notice
Printed
05/13/15
Scheduled
for Hearing
04/24/15
Hearing
Schedule
Pending
04/24/15
Mediation
Impasse
03/24/15
Mediation
Scheduled
03/09/15
Form 18
Received
03/09/15
Claim
Reviewed
by
Examiner
12/08/14
Mediation
Mandated
12/08/14
Form 51
Timely
12/08/14
Form

51/53/55
Received
11/20/14
Form 18
Received
11/18/14
Form 50
Hearing
requested
09/09/14
Form 18
Received
09/09/14
Claim
Reviewed
by
Examiner
03/07/14
Form 18
Received
09/09/13
Form 18
Received
03/07/13
Form 18
Received
09/07/12
Form 18
Received
03/09/12
Form 18
Received
09/08/11
Form 18
Received
07/29/11
Form 17
Received
07/12/11
Form 20
Received
07/08/11
Claim
Reopened
07/08/11
Temp.

Comp.
Award
Started
09/28/10
Claim
Closed
09/23/10
Form 19
Received

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED

JUN 15 2020

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
T. Scott Beck, Commissioner

SC Court of Appeals

W.C.C. 1012533
Appellate Case No. 2017-001764

Chisolm Frampton, Employee,.....Appellant,

v.

SC Department of Natural Resources, Employer, and
South Carolina State Accident Fund, Carrier.....Respondents.

PROOF OF SERVICE

The undersigned hereby certifies that the above-named Appellant, Chisolm Frampton, was served with a copy of the attached Return to Motion to Supplement Record on Appeal by the Respondents this 10th day of June, 2020 by depositing a copy of the same in the United States Mail, first class postage prepaid, addressed to each of the parties of record, as follows:

Stephen B. Samuels, Esq.
1320 Richland Street
Columbia, SC 29201

John C. Land, III, Esq.
P.O. Box 138
Manning, SC 29102

June 10, 2020

Kirsten Leslie Barr

Kirsten Leslie Barr
SC Bar #15525
Trask & Howell, L.L.C.
P.O. Box 2167
Mt. Pleasant, SC 29465
(843) 881-1027
kbarr@trask-howell.com
Attorneys for Respondents

TRASK
HOWELL
WORKERS' COMPENSATION DEFENSE

Reply to
Kirsten L. Barr
(843) 881-1027
kbarr@trask-howell.com

June 10, 2020

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
P. O. Box 11629
Columbia, SC 29211

RECEIVED

JUN 15 2020

SC Court of Appeals

Re: Chisolm Frampton v. SC Department of Natural Resources
W.C.C. File No.: 1012533
Appellate Case No.: 2017-001764
Carrier File No.: 2010-3478
Date of Accident: September 4, 2010

Dear Ms. Kitchings:

Enclosed herewith for filing, please find the original and six (6) copies of our Return to Motion to Supplement Record on Appeal and original Proof of Service of the same in the above-named matter. By a copy of this correspondence, I am serving the other counsel of record with a copy of our Return to Motion.

Yours very truly,

Kirsten L. Barr

Kirsten L. Barr

KLB/ebw/les

Enc.

cc: Lindsay Sadler, South Carolina State Accident Fund (w/enc.) (email only)
Stephanie Welch, SC Department of Natural Resources (w/enc.) (email only)
John C. Land, III, Esq. (w/enc.)
Stephen B. Samuels, Esq. (w/enc.)





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ZIP 29464 \$ 008.25⁰
02 4W
0000370840 JUN 10 2020

RECEIVED

JUN 15 2020

SC Court of Appeals



TRASK & HOWELL, LLC
P.O. BOX 2167
MT. PLEASANT, SC 29465

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
P. O. Box 11629
Columbia, SC 29211