

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|------------------------|
| TO <i>Supra</i> | DATE <i>1/28/13</i> |
|--------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER <i>000-230</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>Cleared 2/5/13, letter attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2/4/13</i> |
| | <input type="checkbox"/> FOIA DATE DUE _____ |
| | <input type="checkbox"/> Necessary Action |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|--|---------|---|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

AUTHORIZATION FORM

I hereby authorize United States Senator Lindsey O. Graham to receive any information from agencies pertaining to my request below. This authorization is in accordance with the provisions of the Privacy Act of 1974.

(PLEASE TYPE OR PRINT BELOW.)

Name: Dan Riedle Phone: (843) 345-6579
Address: 1486 Dorchester Rd, Lot 108
City: North Charleston State: SC Zip: 29418
Social Security Number: 226-66-1320 VA Number: _____

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of this form or an additional piece of paper.)

Please contact SC Medicaid on behalf
of me & my wife.

- They are requesting complete bank statements
We have requested this MANY times from
Chase, even going through your office,
and all they can provide is summaries.

Signature: *Dan Riedle* Date: 1/23/13

Please return form to: U.S. Senator Lindsey O. Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464

**MEDICAID CHECKLIST FOR
NURSING HOME ASSISTANCE, GENERAL HOSPITAL,
HOME AND COMMUNITY BASED WAIVER SERVICE**

Applicant/Beneficiary: Winifred Riedle Date: 1/27/2012

Authorized Representative: Dan Riedle hh#101333464

Application Date: 1/11/2012

We are currently working on your application/review for Medicaid long-term care services. To complete the eligibility process, some additional information will be needed concerning you, and if married, your spouse. Please see the items checked below:

- Complete the Attached Review Form
- Power of Attorney, Guardianship, or Conservator Papers
- Verification of Citizenship Identity Original Documents Required.
- The income limit for institutional care is \$ _____ for _____. The applicant's income is over this amount. To possibly qualify for Medicaid assistance for long-term care services, an income trust must be established. You will find the forms needed to complete this process attached.
- Proof of gross income received by _____. This may be a copy of an itemized check-stub, award letter, PRINTOUT, or statement on letterhead from the company or agency.
- For all accounts, copies of entire bank statements, not account summaries, for January 2012, December 2011, January 2011, January 2010, January 2009, January 2008, January 2007, and the following month(s): Chase account ending in #69627. (If account was not opened during requested months, provide proof).
- Designate or establish a bank account for income to flow through. Return verification of this account.
- Proof of assets sold, transferred, or given away on or after January 2007 to the present. _____
- Verification you have applied for _____ benefits on the applicant's behalf.
- Burial Assets: Copies of the applicant/spouse's Pre-need burial contract(s) burial plot deed(s) or other verification of ownership such as a statement on letterhead. If the contract or plot is not paid for, we also need verification of the payoff amount.
- Copies of all life insurance policies owned by the applicant/spouse. If the policy is not on hand, a letter from the agent showing the policy number, name of owner, face value, and current cash value of the policy can be provided. If this is not possible, give the name and address of the insurance company, and the policy number for each policy. The owner of the policy needs to sign and date DHHS Form 1280 ME, Verification of Insurance Value, to let us verify current cash values directly from the insurance company.
- Copy of annuity for _____
- Please sign and return the form(s) indicated:
 - DHHS 943, Release of Information
 - DHHS 1212 ME, Verification of Veterans Information
 - DHHS 1766-A, Burial Exclusion
 - DHHS 1253 ME, Request for Financial Investigation
 - DHHS 1280 ME, Verification of Insurance Value
 - DHHS 1296 ER, Estate Recovery Notification
 - DHHS 1282, Authorized Representatives Acknowledgement of Responsibilities
- All medical insurance policies or cards and proof of premiums
- Other: _____
- Other: _____

Please provide this information by 01/27/2012. If you have any questions or you need additional time to secure requested information, please call your worker listed below. Thank you for your cooperation.

Worker: A. SHAW Telephone: 843-740-5966
Address: DHHS---PO BOX 13748 Fax: 843-740-5962
CHARLESTON SC 29422



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 04/27/2011

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>09566 6920052 002 008141
WINIFRED HIGGINBOTHMAN
130 RIVER LANDING DR
APT 3106
DANIEL ISLAND SC 29492



| DATE OF TRANS | | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | |
|----------------------------|----|------------------|-----------------------------------|-------------------|-----------|-------------|
| 03 | 31 | 226661320A SS | ACH DEPOSIT | | | |
| 04 | 01 | 009510 | PUBLIX SUPER MA 162 7 FARMS DRIVE | 705.00 | | |
| 04 | 01 | 009511 | PUBLIX SUPER MA 162 7 FARMS DRIVE | -402.00 | | |
| 04 | 01 | 009511 | ATM WITHDRAWAL | -302.00 | | |
| 04 | 01 | | SERV CHG MSVC | -0.85 | | |
| | | | | -4.50 | | |
| **** end of statement **** | | | | | | |
| PREVIOUS BALANCE | | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEE'S (-) | NEW BALANCE |
| 0.23 | | 705.00 | 704.00 | 0.00 | 5.35 | -4.12 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 06/27/2011

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>03398 7009223 002 008141
WINIFRED HIGGINBOTHMAN
130 RIVER LANDING DR
APT 3106
DANIEL ISLAND SC 29492



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | | |
|----------------------------|------------------|--------------------------------------|------------|-------------------|----------|-------------|
| 06 02 | | SERV CHG MSVC | | | | |
| 06 02 | 226661320A SS | ACH DEPOSIT | -4.50 | | | |
| 06 03 | 001647 | PUBLICX SUPER MA 162 7 FARMS DRIVE | 705.00 | | | |
| 06 03 | 001648 | PUBLICX SUPER MA 162 7 FARMS DRIVE | -402.00 | | | |
| 06 03 | 001648 | ATM WITHDRAWAL | -282.00 | | | |
| 06 03 | 001842 | PUBLICX SUPER MA 162 SEVEN FARMS ROA | -0.85 | | | |
| 06 03 | 001659 | PUBLICX SUPER MA 162 SEVEN FARMS ROA | -0.10 | | | |
| 06 03 | | SERV CHG POSD | -10.00 | | | |
| 06 03 | | SERV CHG POSD | -0.50 | | | |
| 06 03 | 347374 | REDBOX *DVD REN REDBOX *DVD RENTAL | -0.50 | | | |
| 06 04 | 070826 | REDBOX *DVD REN REDBOX *DVD RENTAL | -1.08 | | | |
| | | OAKBRKTERRACE IL | -1.08 | | | |
| | | OAKBRKTERRACE IL | -1.08 | | | |
| **** end of statement **** | | | | | | |
| PREVIOUS BALANCE | | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEES (-) | NEW BALANCE |
| -0.20 | | 705.00 | 696.26 | 0.00 | 6.35 | 2.19 |

Information about your Account Statement

In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.

Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 08/27/2011

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>08998 7101825 002 008141
WINIFRED HIGGINBOTHMAN
4630B OAKWOOD AVE
NORTH CHARLESTON SC 29405



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | | |
|----------------------------|------------------|-------------------------------------|------------|-------------------|----------|-------------|
| 08 01 | | SERV CHG MSVC | -4.50 | | | |
| 08 02 | 226661320A SS | ACH DEPOSIT | 705.00 | | | |
| 08 03 | 961259 | W.F.B MTG-ST-FINAN | -683.00 | | | |
| 08 05 | 504382 | PARK PIZZA CO., PARK PIZZA CO., LLC | -10.25 | | | |
| **** end of statement **** | | | | | | |
| PREVIOUS BALANCE | | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEES (-) | NEW BALANCE |
| -2.01 | | 705.00 | 693.25 | 0.00 | 4.50 | 5.24 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT

CHASE

PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 10/27/201

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>08983 7197302 002 008141
WINIFRED HIGGINBOTHMAN
4630B OAKWOOD AVE
NORTH CHARLESTON SC 29405



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | | |
|------------------|------------------|--|----------------------------|------------------|----------|-------------|
| 10 01 | | SERV CHG MSVC | | | | |
| 10 03 | 226661320A SS | ACH DEPOSIT | | | | |
| 10 03 | 008311 | CEM FCU 1078 E. MONTAGUE AV | PPD3031036030US TREASURY 3 | | | |
| 10 03 | 000582 | KWIK STOP (N-16 5137 N. RHETT AVENU | N. CHARLESTON SC | | | |
| 10 03 | 000582 | ATM WITHDRAWAL | N. CHARLESTON SC | | | |
| 10 03 | 000583 | KWIK STOP (N-16 5137 N. RHETT AVENU | N. CHARLESTON SC | | | |
| 10 03 | 000583 | ATM WITHDRAWAL | N. CHARLESTON SC | | | |
| 10 03 | 000584 | KWIK STOP (N-16 5137 N. RHETT AVENU | N. CHARLESTON SC | | | |
| 10 03 | 000584 | ATM WITHDRAWAL | N. CHARLESTON SC | | | |
| 10 03 | | SERV CHG POSD | | | | |
| | | IMPORTANT NOTICE: DUE TO RECENT FEDERAL LEGISLATION, YOU WILL NO LONGER BE ABLE TO USE THE ONLINE BILL PAY FEATURE. WE APOLOGIZE FOR ANY INCONVENIENCE THIS MAY CAUSE. | | | | |
| | | **** end of statement **** | | | | |
| PREVIOUS BALANCE | | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (++) | FEES (-) | NEW BALANCE |
| 0.89 | | 705.00 | 690.25 | 0.00 | 7.55 | 8.09 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 12/27/2011

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>08301 7299764 002 008141
WINIFRED HIGGINBOTHMAN
4630B OAKWOOD AVE
NORTH CHARLESTON SC 29405



| DATE OF | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | |
|----------------------------|------------------|---|-------------------|----------|-------------|
| 12 01 | | SERV CHG MSVC | | | |
| 12 01 | 226661320A SS | ACH DEPOSIT | -4.50 | | |
| 12 03 | 002836 | CPM FCU | 705.00 | | |
| 12 03 | 002840 | CPM FCU 1078 E. MONTAGUE AV N. CHARLESTON SC | -402.00 | | |
| 12 03 | 002840 | ATM WITHDRAWAL 1078 E. MONTAGUE AV N. CHARLESTON SC | -292.00 | | |
| 12 03 | 002841 | CPM FCU 1078 E. MONTAGUE AV N. CHARLESTON SC | -0.85 | | |
| 12 03 | 002841 | ATM BI FEE | | | |
| 12 03 | | SERV CHG POSD | -0.50 | | |
| 12 03 | | SERV CHG POSD | -0.50 | | |
| 12 03 | 480646 | CVS PHARMACY #3 CVS PHARMACY #3977 N. CHARLESTON SC | -0.50 | | |
| | | | -6.59 | | |
| **** end of statement **** | | | | | |
| PREVIOUS BALANCE | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEES (-) | NEW BALANCE |
| 3.74 | 705.00 | 700.59 | 0.00 | 6.85 | 1.30 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 02/27/2012

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>08218 7407974 002 008141
WINIFRED HIGGINBOTHMAN
4630B OAKWOOD AVE
NORTH CHARLESTON SC 29405



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | | |
|----------------------------|------------------|---|------------|-------------------|----------|-------------|
| 02 01 | | SERV CHG MSVC | | | | |
| 02 02 | 226661320A SS | ACH DEPOSIT | -4.50 | | | |
| 02 04 | 090296 | COMPLETE CORNER COMPLETE CORNER | 730.00 | | | |
| 02 06 | 007535 | CPM FCU 1078 E. MONTAGUE AV CHARLESTON SC | -15.09 | | | |
| 02 06 | 007537 | CPM FCU 1078 E. MONTAGUE AV N. CHARLESTON SC | -222.00 | | | |
| 02 06 | 007537 | ATM WITHDRAWAL 1078 E. MONTAGUE AV N. CHARLESTON SC | -222.00 | | | |
| 02 06 | 007539 | CPM FCU 1078 E. MONTAGUE AV N. CHARLESTON SC | -0.85 | | | |
| 02 06 | 007539 | ATM WITHDRAWAL | -242.00 | | | |
| 02 05 | 131961 | COMPLETE CORNER COMPLETE CORNER CHARLESTON SC | -0.85 | | | |
| 02 22 | 474059 | COMPLETE CORNER COMPLETE CORNER CHARLESTON SC | -17.49 | | | |
| | | | -5.00 | | | |
| **** end of statement **** | | | | | | |
| PREVIOUS BALANCE | | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEES (-) | NEW BALANCE |
| 0.00 | | 730.00 | 723.58 | 0.00 | 6.20 | 0.22 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT

CHASE

PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 04/27/2012

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>07972 7508537 002 008141
WINIFRED HIGGINBOTHMAN
4630B OAKWOOD AVE
NORTH CHARLESTON SC 29405



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | |
|----------------------------|------------------|--|-------------------|----------|-------------|
| 04 01 | | SERV CHG MSVC | -4.5 | | |
| 04 02 | 226661320A SS | ACH DEPOSIT | 730.00 | | |
| 04 03 | 002215 | CPM FCU 1078 E. MONTAGUE AV N. CHARLESTON SC | -102.00 | | |
| 04 03 | 216613 | DOLLAR-GENERAL 1365 REMOUNT RD NORTH CHARLES | -16.8 | | |
| 04 03 | 488000 | FOOD LION #0252 1213 REMONT ROAD CHARLESTON SC | -25.6 | | |
| 04 04 | 081747 | COMCAST OF CHAR COMCAST OF CHARLEST 800-COMCAST SC | -36.1 | | |
| 04 04 | 012945 | AutoZone 1028 2010 REMOUNT RD N CHARLESTON SC | -45.0 | | |
| 04 04 | 879883 | PEPBOYS STORE # 6240 RIVERS AVE N CHARLESTON SC | -17.3 | | |
| 04 06 | 686217 | W.F.B DUAL-LANE N. CHARLESTON SC | -83.0 | | |
| 04 06 | 686217 | ATM WITHDRAWAL | -0.8 | | |
| 04 05 | 584787 | COMPLETE CORNER COMPLETE CORNER CHARLESTON SC | -55.5 | | |
| 04 07 | 027500 | FOOD LION #0252 1213 REMONT ROAD CHARLESTON SC | -34.0 | | |
| 04 06 | 529444 | OFFICE DEPOT #2 OFFICE DEPOT #2233 N CHARLESTON SC | -74.8 | | |
| 04 10 | 000241 | CPM FCU 1078 E. MONTAGUE AV NORTH CHARLES SC | -82.0 | | |
| 04 10 | 000241 | ATM WITHDRAWAL | -0.8 | | |
| 04 11 | 005330 | CNS ADVANCE STO 1945 REMOUNT ROAD N CHARLESTON SC | -14.4 | | |
| 04 14 | 000612 | CPM FCU 1078 E. MONTAGUE AV NORTH CHARLES SC | -82.0 | | |
| 04 14 | 000612 | ATM WITHDRAWAL | -0.8 | | |
| 04 23 | 005394 | COMPLETE COR-87 4503 STRUILL AVE N. CHARLESTON SC | -42.9 | | |
| 04 23 | 005394 | ATM WITHDRAWAL | -0.8 | | |
| 04 23 | 089925 | COMPLETE CORNER COMPLETE CORNER CHARLESTON SC | -10.0 | | |
| **** end of statement **** | | | | | |
| PREVIOUS BALANCE | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEES (-) | NEW BALANCE |
| 0.49 | 730.00 | 721.99 | 0.00 | 7.90 | 0.60 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your **state** ment
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 06/27/2012

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>07780 7610081 002 008141
WINIFRED HIGGINBOTHMAN
4630B OAKWOOD AVE
NORTH CHARLESTON SC 29405



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | |
|----------------------------|------------------|-------------------------------------|-------------------|----------|-------------|
| 05 31 | 226661320A SS | ACH DEPOSIT | | | |
| 06 01 | | SERV CHG MSVC | 730.00 | | |
| 06 02 | 629000 | FOOD LION #0252 1213 REMONT ROAD | -4.50 | | |
| 06 01 | 526563 | COMPLETE CORNER COMPLETE CORNER | -90.91 | | |
| 06 05 | 044851 | LOWE'S #00497* LOWE'S #00497* | -26.48 | | |
| 06 06 | 127256 | COMCAST OF CHAR COMCAST OF CHARLEST | -15.19 | | |
| 06 06 | 954315 | LOWE'S #497 7555 NORTHWOOD BLVD | -36.19 | | |
| 06 06 | 669600 | SAVE A LOT #579 4411 DURANT AVENUE | -42.53 | | |
| 06 05 | 272097 | BURGER KING #32 BURGER KING #3262 | -52.52 | | |
| 06 07 | 658948 | LOWE'S #497 7555 NORTHWOOD BLVD | -11.46 | | |
| 06 07 | 754544 | LOWE'S #497 7555 NORTHWOOD BLVD | -103.14 | | |
| 06 05 | 870829 | COMPLETE CORNER COMPLETE CORNER | -11.35 | | |
| 06 09 | 662192 | W.F.B NO.VILL-SHOP RDL | -30.41 | | |
| 06 12 | 052023 | W.F.B NO.VILL-SHOP RDL | -103.00 | | |
| 06 12 | 052023 | ATM WITHDRAWAL | -103.00 | | |
| 06 12 | 104984 | COMPLETE CORNER COMPLETE CORNER | -0.85 | | |
| 06 14 | 909290 | LOWE'S #655 3125 GLENN MCCONNEL | -10.59 | | |
| 06 16 | 676159 | LOWE'S #497 7555 NORTHWOOD BLVD | -41.62 | | |
| 06 17 | 974602 | LOWE'S #497 7555 NORTHWOOD BLVD | -24.28 | | |
| 06 17 | | SERV CHG POSD | -18.08 | | |
| | | | -0.50 | | |
| **** end of statement **** | | | | | |
| PREVIOUS BALANCE | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEES (-) | NEW BALANCE |
| -1.90 | 730.00 | 720.75 | 0.00 | 5.85 | 1.50 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 08/27/2012

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>07712 7720225 002 008141
WINIFRED HIGGINBOTHMAN
6486 DORCHESTER RD
LOT 108
NORTH CHARLESTON SC 29418



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | | |
|----------------------------|------------------|-------------------------------------|------------|-------------------|-----------|-------------|
| 08 01 | | SERV CHG MSVC | | | | |
| 08 02 | 226661320A SS | ACH DEPOSIT | -4.50 | | | |
| 08 03 | 034710 | W.F.B | 730.00 | | | |
| 08 03 | 316800 | FOOD LION #0336 7550 DORCHESTER RD. | -363.00 | | | |
| 08 05 | 385529 | W.F.B | -39.85 | | | |
| 08 05 | 385529 | ATM WITHDRAWAL | -103.00 | | | |
| 08 06 | 581200 | WAL-MART #3367 4920 CENTRE POINTE | -0.85 | | | |
| 08 11 | 000321 | LIL CRICKET 869 6901 DORCHESTER ROA | -40.46 | | | |
| 08 11 | 000321 | ATM WITHDRAWAL | -102.50 | | | |
| 08 12 | 435022 | NETFLIX.COM | -0.85 | | | |
| 08 18 | 343342 | W.F.B | -8.63 | | | |
| 08 18 | 343342 | ATM WITHDRAWAL | -63.00 | | | |
| 08 22 | 401630 | BI-LO 266 4391 DORCHESTER RD | -0.85 | | | |
| | | | -11.37 | | | |
| **** end of statement **** | | | | | | |
| PREVIOUS BALANCE | | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEEES (-) | NEW BALANCE |
| 9.44 | | 730.00 | 731.81 | 0.00 | 7.05 | 0.58 |

Information about your Account Statement

In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement. Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 10/27/2012

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>07598 7842373 002 008141
WINIFRED HIGGINBOTHMAN
6486 DORCHESTER RD
LOT 108
NORTH CHARLESTON SC 29418



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | | |
|----------------------------|------------------|-------------------------------|------------|-------------------|----------|-------------|
| 10 01 | | SERV CHG MSVC | | | | |
| 10 02 | 226661320A SS | ACH DEPOSIT | -4.50 | | | |
| 10 03 | 279138 | W.F.B | 730.00 | | | |
| 10 05 | 289740 | NO.VILL-SHOP RDL | | | | |
| 10 09 | 821000 | PPD3031036030US TREASURY 3 | -603.00 | | | |
| 10 12 | 604251 | WAL Wal-Mart Su 3367 WAL-SAMS | | | | |
| 10 13 | 704414 | NO.CHARLESTON SC | -35.56 | | | |
| 10 14 | 104567 | N. CHARLESTON SC | -29.78 | | | |
| 10 17 | 405054 | CHARLESTON SC | -9.96 | | | |
| 10 18 | 505213 | CHARLESTON SC | -9.96 | | | |
| | | CHARLESTON SC | -9.96 | | | |
| | | CHARLESTON SC | -17.92 | | | |
| **** end of statement **** | | | | | | |
| PREVIOUS BALANCE | | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEES (-) | NEW BALANCE |
| 1.05 | | 730.00 | 726.10 | 0.00 | 4.50 | 0.45 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.



ACCOUNT STATEMENT



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 12/27/2012

It is very important that you call customer service to report any changes in your address or account status. You may obtain information on the remaining balance in your account at any time by calling 866 545 6505.

>07344 3020142 002 008141
WINIFRED HIGGINBOTHMAN
6486 DORCHESTER RD
LOT 108
NORTH CHARLESTON SC 29418



| DATE OF TRANS | REFERENCE NUMBER | TRANSACTIONS | AMOUNT | | |
|--|------------------|--|-------------------|----------|-------------|
| 12 01 | | SERV CHG MSVC | -4.50 | | |
| 12 03 | 226661320A SS | ACH DEPOSIT | 730.00 | | |
| 12 03 | 202633 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -9.96 | | |
| 12 03 | 202636 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -57.40 | | |
| 12 03 | 613266 | LOWE'S #655 3125 GLENN MCCONNEL CHARLESTON SC | -46.52 | | |
| 12 03 | 481400 | WAL-MART #3367 4920 CENTRE POINTE NORTH CHARLE SC | -40.15 | | |
| 12 03 | 202731 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -9.96 | | |
| 12 04 | 805005 | DOLLAR-GENERAL 5060 DORCHESTER RD. NORTH CHARLES SC | -10.14 | | |
| 12 04 | 875000 | HESS 40370 5777 DORCHESTER RD. N. CHARLESTO SC | -16.58 | | |
| 12 05 | 001061 | STOP N GO-11203 6710 DORCHESTER RD. N. CHARLESTON SC | -202.50 | | |
| 12 05 | 001062 | STOP N GO-11203 6710 DORCHESTER RD. N. CHARLESTON SC | -102.50 | | |
| 12 05 | 001062 | ATM WITHDRAWAL | -0.85 | | |
| 12 04 | 588964 | DIG SPIRITS DIG SPIRITS NORTH CHARLES SC | -9.43 | | |
| 12 07 | 603374 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -11.79 | | |
| 12 08 | 703518 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -9.96 | | |
| 12 09 | 103564 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -19.92 | | |
| 12 08 | 224826 | DIG SPIRITS DIG SPIRITS NORTH CHARLES SC | -9.43 | | |
| 12 10 | 203757 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -15.27 | | |
| 12 11 | 303929 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -14.83 | | |
| 12 12 | 404075 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -9.96 | | |
| 12 13 | 372600 | SHELL Service S SHELL NORTH CHARLES SC | -60.74 | | |
| 12 13 | 271400 | ABC STORE ABC STORE N. CHARLESTON SC | -11.05 | | |
| 12 16 | 441611 | NETFLIX.COM NETFLIX.COM NETFLIX.COM CA | -8.63 | | |
| 12 22 | 641043 | DIG SPIRITS DIG SPIRITS NORTH CHARLES SC | -18.86 | | |
| 12 25 | 755200 | SUNOCO 06161210 6855 DORCHESTER RD N CHARLESTON SC | -10.21 | | |
| 12 26 | 406211 | STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC | -22.07 | | |
| <p>A new and improved website to manage your card account, called UCard Center, is coming soon! For more information about UCard Center please visit www.myaccount.chase.com.</p> <p>**** end of statement ****</p> | | | | | |
| PREVIOUS BALANCE | CREDITS (+) | DEBITS (-) | ADJUSTMENTS (+/-) | FEES (-) | NEW BALANCE |
| 4.19 | 730.00 | 727.86 | 0.00 | 5.35 | 0.98 |

Information about your Account Statement
In Case of Errors or Questions About Transactions Posted to Your Account: Telephone us at 866 545 6505 or write us at PO BOX 30223, Tampa, FL 33630-3223 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transaction on your statement.
Lost or Stolen Cards: If your card is lost or stolen, please notify Customer Service immediately by calling us toll-free at 866 545 6505.

February 5, 2013

The Honorable Lindsey O. Graham
United States Senate
530 Johnnie Dodds Boulevard, Suite 202
Columbia, South Carolina 29464

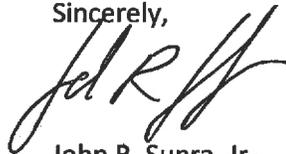
Dear Senator Graham:

Thank you for referring Mr. Dan Riedle to our agency with his concerns regarding Medicaid eligibility for the Home and Community Based Waiver Services program for his wife, Mrs. Winifred Riedle.

Our Member Relations Leader, Carolyn Roach, has been in direct contact with Mr. Riedle to address his questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program.

We appreciate your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance, please let me know.

Sincerely,



John R. Supra, Jr.
Deputy Director

JRS:j