

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>1/28/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>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	PPD3031036030US TREASURY 3	705.00	
04	01	009510	PUBLIX SUPER MA 162 7 FARMS DRIVE	DANIEL ISLAND SC	-402.00	
04	01	009511	PUBLIX SUPER MA 162 7 FARMS DRIVE	DANIEL ISLAND SC	-302.00	
04	01	009511	ATM WITHDRAWAL		-0.85	
04	01		SERV CHG MSVC		-4.50	
**** end of statement ****						
PREVIOUS BALANCE		CREDITS (+)	DEBITS (-)	ADJUSTMENTS (+/-)	FEES (-)	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	PPD3031036030US TREASURY 3	705.00			
06 03	001648	PUBLIX SUPER MA 162 7 FARMS DRIVE DANIEL ISLAND SC	-402.00			
06 03	001648	PUBLIX SUPER MA 162 7 FARMS DRIVE DANIEL ISLAND SC	-282.00			
06 03	001842	ATM WITHDRAWAL	-0.85			
06 03	001659	PUBLIX SUPER MA 162 SEVEN FARMS ROA DANIEL ISLAND SC	-0.10			
06 03		PUBLIX SUPER MA 162 SEVEN FARMS ROA DANIEL ISLAND SC	-10.00			
06 03		SERV CHG POSD	-0.50			
06 03		SERV CHG POSD	-0.50			
06 03	347374	REDBOX *DVD REN REDBOX *DVD RENTAL OAKBRKTERRACE IL	-1.08			
06 04	070826	REDBOX *DVD REN REDBOX *DVD RENTAL 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

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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 PPD3031036030US TREASURY 3				705.00	
08	03	961259	W.F.B	MTG-ST-FINAN	CHARLESTON	SC	-683.00	
08	05	504382	PARK PIZZA CO., PARK PIZZA CO., LLC		N. CHARLESTON	SC	-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

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ACCOUNT STATEMENT

CHASE

PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER: *****69627
PERIOD ENDING: 10/27/01

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		-4.50	
10	03	008311	CPM FCU	PPD3031036030US TREASURY 3	705.00	
10	03	000582	1078 E. MONTAGUE AV	N. CHARLESTON SC	-402.00	
10	03	000582	KWIK STOP (N-16 5137 N. RHETT AVENU	N. CHARLESTON SC	-102.75	
10	03	000583	ATM WITHDRAWAL		-0.85	
10	03	000583	KWIK STOP (N-16 5137 N. RHETT AVENU	N. CHARLESTON SC	-102.75	
10	03	000584	ATM WITHDRAWAL		-0.85	
10	03	000584	KWIK STOP (N-16 5137 N. RHETT AVENU	N. CHARLESTON SC	-82.75	
10	03	000584	ATM WITHDRAWAL		-0.85	
10	03		SERV CHG POSD		-0.50	
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

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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 TRANS	REFERENCE NUMBER	TRANSACTIONS				AMOUNT
12 01		SERV CHG MSVC				
12 01	226661320A SS	ACH DEPOSIT				-4.50
12 03	002836	CPM FCU	1078 E. MONTAGUE AV	PPD3031036030US TREASURY 3		705.00
12 03	002840	CPM FCU	1078 E. MONTAGUE AV	N. CHARLESTON	SC	-402.00
12 03	002840	ATM WITHDRAWAL		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

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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 PPD3031036030US TREASURY 3				-4.50	
02	04	090296	COMPLETE CORNER COMPLETE CORNER CHARLESTON SC				730.00	
02	06	007535	CPM FCU	1078 E. MONTAGUE AV	N. CHARLESTON	SC	-15.09	
02	06	007537	CPM FCU	1078 E. MONTAGUE AV	N. CHARLESTON	SC	-222.00	
02	06	007537	ATM WITHDRAWAL				-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

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ACCOUNT STATEMENT

CHASE

PO BOX 30223
TAMPA, FL 33630-3223ACCOUNT 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					
04	02	226661320A SS	ACH DEPOSIT				-4.5	
04	03	002215	CPM FCU	1078 E. MONTAGUE AV	PPD3031036030US TREASURY 3		730.0	
04	03	216613	DOLLAR-GENERAL	1365 REMOUNT RD	N. CHARLESTON	SC	-102.0	
04	03	488000	FOOD LION #0252	1213 REMONT ROAD	NORTH CHARLES	SC	-16.8	
04	04	081747	COMCAST OF CHAR	COMCAST OF CHARLEST	CHARLESTON	SC	-25.6	
04	04	012945	AutoZone 1028	2010 REMOUNT RD	800-COMCAST	SC	-36.1	
04	04	879883	PEPBOYS STORE #	6240 RIVERS AVE	N CHARLESTON	SC	-45.0	
04	06	686217	W.F.B	DUAL-LANE	N CHARLESTON	SC	-17.3	
04	06	686217	ATM WITHDRAWAL		N. CHARLESTON	SC	-83.0	
04	05	584787	COMPLETE CORNER	COMPLETE CORNER	CHARLESTON	SC	-0.8	
04	07	027500	FOOD LION #0252	1213 REMONT ROAD	CHARLESTON	SC	-55.5	
04	06	529444	OFFICE DEPOT #2	OFFICE DEPOT #2233	N CHARLESTON	SC	-34.0	
04	10	000241	CPM FCU	1078 E. MONTAGUE AV	N CHARLESTON	SC	-74.8	
04	10	000241	ATM WITHDRAWAL		NORTH CHARLES	SC	-82.0	
04	11	005330	CNS ADVANCE STO	1945 REMOUNT ROAD	N CHARLESTON	SC	-0.8	
04	14	000612	CPM FCU	1078 E. MONTAGUE AV	NORTH CHARLES	SC	-14.4	
04	14	000612	ATM WITHDRAWAL				-82.0	
04	23	005394	COMPLETE COR-87	4503 STRUILL AVE	N. CHARLESTON	SC	-0.8	
04	23	005394	ATM WITHDRAWAL				-42.9	
04	23	089925	COMPLETE CORNER	COMPLETE CORNER	CHARLESTON	SC	-0.8	
							-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

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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

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>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. PPD3031036030US TREASURY 3				730.00	
06	01		SERV CHG MSVC				-4.50	
06	02	629000	FOOD LION #0252 1213 REMONT ROAD				-90.91	
06	01	526563	COMPLETE CORNER COMPLETE CORNER				-26.48	
06	05	044851	LOWES #00497* LOWES #00497*				-15.19	
06	06	127256	COMCAST OF CHAR COMCAST OF CHARLEST				-36.19	
06	06	954315	LOWE'S #497 7555 NORTHWOOD BLVD				-42.53	
06	06	669600	SAVE A LOT #579 4411 DURANT AVENUE				-52.52	
06	05	272097	BURGER KING #32 BURGER KING #3262				-11.46	
06	07	658948	LOWE'S #497 7555 NORTHWOOD BLVD				-103.14	
06	07	754544	LOWE'S #497 7555 NORTHWOOD BLVD				-11.35	
06	05	870829	COMPLETE CORNER COMPLETE CORNER				-30.41	
06	09	662192	W.F.B NO.VILL-SHOP RDL				-103.00	
06	12	052023	W.F.B NO.VILL-SHOP RDL				-103.00	
06	12	052023	ATM WITHDRAWAL				-0.85	
06	12	104984	COMPLETE CORNER COMPLETE CORNER				-10.59	
06	14	909290	LOWE'S #655 3125 GLENN MCCONNEL				-41.62	
06	16	676159	LOWE'S #497 7555 NORTHWOOD BLVD				-24.28	
06	17	974602	LOWE'S #497 7555 NORTHWOOD BLVD				-18.08	
06	17		SERV CHG POSD				-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

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ACCOUNT STATEMENT

PO BOX 30223
TAMPA, FL 33630-3223ACCOUNT NUMBER: *****69627
PERIOD ENDING: 08/27/2012

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>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	NO.VILL-SHOP	RDL	PPD3031036030US TREASURY 3	730.00	
08	03	316800	FOOD LION #0336	7550 DORCHESTER RD.		NO.CHARLESTON SC	-363.00	
08	05	385529	W.F.B	NO.VILL-SHOP	RDL	CHARLESTON SC	-39.85	
08	05	385529	ATM WITHDRAWAL			NO.CHARLESTON SC	-103.00	
08	06	581200	WAL-MART #3367	4920 CENTRE POINTE			-0.85	
08	11	000321	LIL CRICKET 869	6901 DORCHESTER ROA		NORTH CHARLE SC	-40.46	
08	11	000321	ATM WITHDRAWAL			NORTH CHARLST SC	-102.50	
08	12	435022	NETFLIX.COM	NETFLIX.COM			-0.85	
08	18	343342	W.F.B	NO.VILL-SHOP	RDL	NETFLIX.COM CA	-8.63	
08	18	343342	ATM WITHDRAWAL			NO.CHARLESTON SC	-63.00	
08	22	401630	BI-LO 266	4391 DORCHESTER RD		N CHARLESTON SC	-0.85	
							-11.37	
**** end of statement ****								
PREVIOUS BALANCE		CREDITS (+)		DEBITS (-)		ADJUSTMENTS (+/-)	FEES (-)	NEW BALANCE
9.44		730.00		731.81		0.00	7.05	0.58

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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					
12	03	226661320A SS	ACH DEPOSIT				-4.50	
12	03	202633	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				730.00	
12	03	202636	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-9.96	
12	03	613266	LOWE'S #655 3125 GLENN MCCONNEL CHARLESTON SC				-57.40	
12	03	481400	WAL-MART #3367 4920 CENTRE POINTE NORTH CHARLE SC				-46.52	
12	03	202731	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-40.15	
12	04	805005	DOLLAR-GENERAL 5060 DORCHESTER RD. NORTH CHARLES SC				-9.96	
12	04	875000	HESS 40370 5777 DORCHESTER RD. N. CHARLESTO SC				-10.14	
12	05	001061	STOP N GO-11203 6710 DORCHESTER RD. N. CHARLESTON SC				-16.58	
12	05	001062	STOP N GO-11203 6710 DORCHESTER RD. N. CHARLESTON SC				-202.50	
12	05	001062	ATM WITHDRAWAL				-102.50	
12	04	588964	DIG SPIRITS DIG SPIRITS NORTH CHARLES SC				-0.85	
12	07	603374	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-9.43	
12	08	703518	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-11.79	
12	09	103564	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-9.96	
12	08	224826	DIG SPIRITS DIG SPIRITS NORTH CHARLES SC				-19.92	
12	10	203757	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-9.43	
12	11	303929	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-15.27	
12	12	404075	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-14.83	
12	13	372600	SHELL Service S SHELL NORTH CHARLES SC				-9.96	
12	13	271400	ABC STORE ABC STORE N. CHARLESTON SC				-60.74	
12	16	441611	NETFLIX.COM NETFLIX.COM NETFLIX.COM CA				-11.05	
12	22	641043	DIG SPIRITS DIG SPIRITS NORTH CHARLES SC				-8.63	
12	25	755200	SUNOCO 06161210 6855 DORCHESTER RD N CHARLESTON SC				-18.86	
12	26	406211	STOP N GO 105 6710 DORCHESTER RD CHARLESTON SC				-10.21	
							-22.07	
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 .								
**** end of statement ****								
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

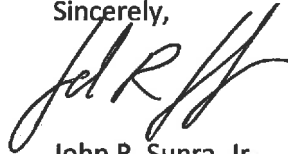
Dear Senator Graham:

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