

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|----------------------|------------------------|
| TO <i>Roberts</i> | DATE <i>1-10-14</i> |
|----------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|---|
| 1. LOG NUMBER <i>000229</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Hutto</i> | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ |
| | <input type="checkbox"/> FOIA DATE DUE _____ |
| | <input checked="" 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. | | | |

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Writer's email
selliott@gastonlegal.com

December 23, 2013

RECEIVED

JAN 09 2014

South Carolina Dept. of Health and Human Services
Attention: Reporting & Receivables
P.O. Box 8355
Columbia, SC 29202-9189

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Dept. of Health and Human Services:

Please find enclosed a check in the amount of \$3,094.07 for Brandy Wortman – Case Number 305858. Thank you for your assistance in this matter. Please feel free contact our office at the above address with any additional questions.

Sincerely,

Stephanie Elliott

Stephanie B. Elliott

North Carolina State Bar Certified Paralegal

ady/sbe
Enclosures