

RUN DATE: XX/XX/XXXX  
PAGE: XXX  
REPORT DATE: XX/XX/XXXX  
REPORT NO:FRD213R

N.C.DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM

RETAIN:THREE YEARS

CLAIMS SELECTED FOR NC DEBT SETOFF

COUNTY NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
INVESTIGATOR ID: XXXXX

CLAIM NAME	PROGRAM	SSN	INDIVIDUAL ID	REFERRAL ID	PGM CASE
ID BALANCE CATGRY STATUS					
XXXXXXXXXXXXXXXXXX, XXXXXXXXXXX XXXXXXXX XXXXXXXX		XXXXXXXXXX	999999999 X	XXXXXXXXXX	
XXXXXXXXXXXX Z,ZZZ,ZZZ.99 XXXX XX		XXXX XX			
XXXXXXXXXXXXXXXXXX, XXXXXXXXXXX XXXXXXXX XXXXXXXX		XXXXXXXXXX	999999999 X	XXXXXXXXXX	
XXXXXXXXXXXX Z,ZZZ,ZZZ.99 XXXX XX		XXXX XX			
XXXXXXXXXXXXXXXXXX, XXXXXXXXXXX XXXXXXXX XXXXXXXX		XXXXXXXXXX	999999999 X	XXXXXXXXXX	
XXXXXXXXXXXX Z,ZZZ,ZZZ.99 XXXX XX		XXXX XX			
XXXXXXXXXXXXXXXXXX, XXXXXXXXXXX XXXXXXXX XXXXXXXX		XXXXXXXXXX	999999999 X	XXXXXXXXXX	
XXXXXXXXXXXX Z,ZZZ,ZZZ.99 XXXX XX		XXXX XX			
XXXXXXXXXXXXXXXXXX, XXXXXXXXXXX XXXXXXXX XXXXXXXX		XXXXXXXXXX	999999999 X	XXXXXXXXXX	
XXXXXXXXXXXX XXXXXXXXXXX Z,ZZZ,ZZZ.99 XXXX XX		XXXX XX			

ATTACHMENT #3