

D.C. CHARTERED HEALTH PLAN, INC. IN REHABILITATION
PO BOX 34380
WASHINGTON, DC 20043

 **CLAIMS DEADLINE: August 31, 2013 (8/31/2013)** 

PLEASE READ INSTRUCTIONS ON BACK OF FORM BEFORE COMPLETING

PROOF OF CLAIM FORM*

The Superior Court of the District of Columbia in *District of Columbia Department of Insurance, Securities and Banking v. D.C. Chartered Health Plan, Inc.*, Civil No. 2012 CA 008227 2, has set August 31, 2013 as the deadline to submit claims for payment of amounts claimed due from D. C. Chartered Health Plan, Inc. for goods, services or any other value provided.

You have been identified as someone who may have a claim for amounts due from Chartered. If you do not have a claim, please ignore this form. If you do have a claim, you must fill out this form following the instructions on the back and return the form to the Rehabilitator no later than **Saturday, August 31, 2013.** **Please attach any supporting documentation, including any unpaid invoices, to the completed Proof of Claim form.** **Failure to return this form to the Rehabilitator by the claims deadline will affect your legal rights and may bar any claim by you.**

This claim form is to be used for all creditor claims against Chartered except medical provider claims*.

PLEASE PRINT OR TYPE THIS SECTION

1. Name: _____ 2. Daytime Phone Number with area code _____

3. Mailing address _____

street address _____ city _____ state _____ zip code _____

4. Amount of Claim: \$ _____ 5. Social Security or Federal ID #: _____

6. Give a brief explanation of facts surrounding your claim (use additional pages if necessary)

7. Signature (This form **MUST BE SIGNED**)

X _____
 individual claimant or corporate officer (include title)

*Medical providers should NOT use this form. Billings for medical services must be submitted as per prior instructions in notices to providers.

INSTRUCTION SHEET

Documentation sufficient to support your claim must be filed with this form. Failure to submit such documentation may result in your claim being denied.

Instructions for the front of this form:

- Item 1 Print or type your name.
- Item 2 Print or type your daytime telephone number, including area code.
- Item 3 Print or type your current mailing address (street address, city, state and zip code).
- Item 4 Print or type the total amount of your claim (if you are uncertain indicate by printing or typing the word: "unknown").
- Item 5 ENTER YOUR SOCIAL SECURITY NUMBER OR FEDERAL TAX ID NUMBER.
- Item 6 Print or type a brief explanation of this claim. All documentation supporting this claim must be attached to this form and submitted to the Rehabilitator for evaluation. If you have a claim for services or supplies provided to the company, you must indicate the time period for which services or supplies were provided and briefly identify the services or supplies for which you are claiming. If you have a secured claim, you must include copies of all evidence of your security interest and describe the property to which the security interest applies. Attach appropriate documentation and/or additional sheets to answer the above.
- Item 7 YOU MUST SIGN THIS FORM.

Once completed, retain a copy of this form for yourself and mail the original, along with a copy of your documentation to:

D.C. Chartered Health Plan, Inc. in Rehabilitation
c/o The Law Offices of Daniel L. Watkins
901 New Hampshire Street, Suite 200
Lawrence, KS 66044

Forms and supporting documentation must be postmarked on or before August 31, 2013.

If you have any questions, please contact Sharon Rose at sharonrose@danwatkinslaw.com or 785-843-0181.

CHANGE OF ADDRESS

IMPORTANT NOTE: If you move after submitting your claim form, you must provide us with your new address. Send change of address information to: The Law Offices of Daniel L. Watkins, 901 New Hampshire St., Suite 200, Lawrence, Kansas 66044. The receivership may require some time to conclude; therefore, you must keep us advised of your current address so we will be able to maintain contact with you over an extended period.

GENERAL INFORMATION

When your claim is evaluated, you will be notified as to the dollar amount allowed by the Rehabilitator. You will also be notified as to when and how you may object to the evaluation of the Rehabilitator.

After all claims are evaluated and approved by the Court, claims will be paid based on available funds and claim priority. More information regarding Chartered's rehabilitation is available online at <http://disb.dc.gov/page/dc-chartered-health-plan-inc-rehabilitation>.