

UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF FLORIDA  
Miami Division

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RICK LOVE, M.D., *et al.*,

Plaintiffs

vs.

Case No. 03-21296-CIV-MORENO/SIMONTON

BLUE CROSS AND BLUE SHIELD

ASSOCIATION, *et al.*,

Defendants

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**COMPLIANCE DISPUTE FORM FOR  
SETTLEMENT AMONG BLUE PARTIES, PHYSICIANS, PHYSICIAN GROUPS,  
AND PHYSICIAN ORGANIZATIONS**

**All capitalized terms used in this form are defined in the Settlement Agreement.**

Name: \_\_\_\_\_

Name of Entity: \_\_\_\_\_

(with contact person, if applicable)

Address: \_\_\_\_\_

\_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Blue Cross/Blue Shield Provider Number: \_\_\_\_\_

(if applicable)

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check one of the following:

- I am a Class Member bringing this Compliance Dispute on my own behalf.
- I am a Class Member and I hereby authorize the following Signatory Medical Society to bring this Compliance Dispute on my behalf: \_\_\_\_\_.
- It is a Signatory Medical Society authorized to bring this Compliance Dispute on its own behalf.

Set forth in detail below, using particularized facts and dates of occurrence, the specific obligation(s) of the Blue Party owing to you under Section 7 of the Settlement Agreement that you allege the Blue Party has materially failed to perform. Describe how you have been adversely affected by the Blue Party's alleged failure to comply with those specific obligation(s). You may attach supporting materials or affidavit testimony.

**You must complete and submit this Compliance Dispute Form no later than ninety (90) days after the Compliance Dispute first arose or after the Compliance Dispute reasonably could have been known to you, whichever is later, to:**

**Class Compliance Dispute Facilitator**

Deborah J. Winegard  
Neubert Pepe & Monteith, P.C.  
195 Church St. 13<sup>th</sup> Floor  
New Haven, CT 06510-2009  
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