

**UNITED STATE DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION**

MDL NO.: 1334

IN RE: MANAGED CARE LITIGATION

**THIS DOCUMENT RELATES ONLY TO
PROVIDER TRACK CASES**

**HEALTHNET PHYSICIAN GROUP AND
PHYSICIAN ORGANIZATION SETTLEMENT
COMPLIANCE DISPUTE CLAIM FORM**

The undersigned hereby declares that he or she is a Class Member and did not Opt-Out of the Health Net Physician, Physician Group and Physician Organization Settlement Agreement.

Name _____

Address _____

Tax Identification Number _____

Health Net Provider Number
(if applicable) _____

Email Address _____

Telephone Number _____

Signature _____

Date _____

Check one of the following:

- I am bringing this Compliance Dispute on my own behalf.
- I hereby authorize the following Signatory Medical Society to bring this Compliance Dispute on my behalf: _____

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

You must complete and submit this petition no later than ninety (90) days after the Compliance Dispute first arose or after you first became aware of the Compliance Dispute to:

**Compliance Dispute Facilitator
Cameron C. Staples
Neubert, Pepe & Monteith, P.C.
195 Church Street, 13th Floor
New Haven, CT 06510
Telephone: 203-821-2000
Fax: 203-821-2009
Email: healthnetcomplaint@npmlaw.com**