

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
Miami Division**

**MDL NO.: 1334  
MASTER FILE NO.: 00-1334-MD-MORENO**

**IN RE:  
MANAGED CARE LITIGATION**

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

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**COMPLIANCE DISPUTE CLAIM FORM**

The undersigned hereby declares that he or she is a Class Member who did not Opt-Out of the settlement Agreement.

\_\_\_\_\_  
Name of Class Member

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Tax Identification Number under which covered  
physician services were provided, if applicable

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: \_\_\_\_\_

Please set forth in detail below, using particularized facts, Company's conduct which you allege constitutes a material breach of Company's obligations under § 7 of the settlement

Agreement. Please note the, specific provision of § 7 allegedly breached, and please describe how the undersigned has been harmed by the alleged breach. Please also set forth the relief that you request. You may attach any supporting materials you wish.

In order to allege a valid Compliance Dispute you must complete and return this form by First Class **mail no later than 30 days after** the Compliance Dispute first arose to:

[Compliance Dispute Facilitator]

**Shane v. Humana, Inc., et al.**

P.O. Box \_\_\_\_\_

[city, state, zip] \_\_\_\_\_