



Check one of the following:

- I am a Class Member bringing this Compliance Dispute on my own behalf.
- I am a Class Member and 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 documentation 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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_