

EXHIBIT C

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

_____)	
RICK LOVE, M.D., <i>et al.</i> ,)	
Plaintiffs,)	
)	Case No. 03-21296-CIV-
v.)	<u>MORENO/SIMONTON</u>
)	
BLUE CROSS & BLUE SHIELD)	
ASSOCIATION, <i>et al.</i> ,)	
Defendants.)	
_____)	

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 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

