

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

**IN RE: MANAGED CARE LITIGATION**

**MDL NO. 1334**

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

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

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**CHARLES B. SHANE, M.D., et al.**  
Plaintiffs,

v.

**Case No. 04-21589-  
CIV-MORENO**

**HUMANA INC., et al.,**  
Defendants.

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**KENNETH A. THOMAS, M.D., et al.**  
Plaintiffs

v.

**Case No. 03-21296-  
CIV-MORENO**

**BLUE CROSS AND BLUE SHIELD  
ASSOCIATION, et al.,**  
Defendants.

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**WELLPOINT PHYSICIAN, PHYSICIAN GROUP AND  
PHYSICIAN ORGANIZATION SETTLEMENT  
COMPLIANCE DISPUTE CLAIM FORM**

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

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

WellPoint Provider Number  
(if applicable) \_\_\_\_\_

E-mail 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 WellPoint to you under Section 7 of the Settlement Agreement which you allege WellPoint has materially failed to perform. Describe how you have been adversely affected by WellPoint's alleged failure to comply with those specific obligation(s). You may attach supporting documentation 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**

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