

05/19/2003 12:54 FAX 212 450 5590

DPW 23-21

004

Eugene Mangieri, M.D.

Glenn L. Kelly
Glenn Kelly, M.D.

Leonard Klay, M.D.

Charles B. Shane, M.D.

Jeffrey Book, M.D.

Andres Taleisnik, M.D.

Julio Taleisnik, M.D.

David Boxstein, M.D.

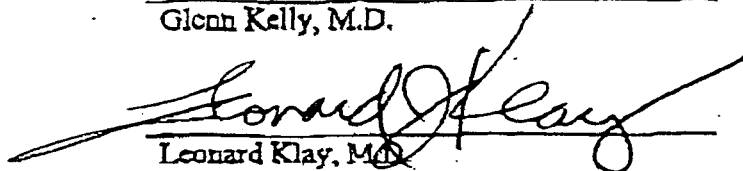
Roger Wilson, M.D.

Susan R. Hansen, M.D.

Edward Davis, M.D.

Eugene Mangieri, M.D.

Glenn Kelly, M.D.


Leonard Klay, M.D.

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Charles B. Shane MD
Charles B. Shane, M.D.

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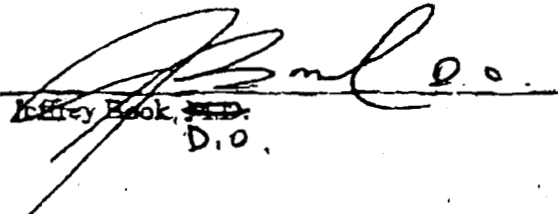
Thomas Backer, M.D.

Eugene Mangieri, M.D.

Glenn Kelly, M.D.

Leonard Klay, M.D.

Charles B. Shane, M.D.


~~Jeffrey Book, M.D.~~
D.O.

Andres Taleisnik, M.D.

Julio Taleisnik, M.D.

David Boxstein, M.D.

Roger Wilson, M.D.

Susan R. Hansen, M.D.

Edward Davis, M.D.

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05/19/2003 15:08 7145416105
05/19/03 16:16 FAX 256 353 6767
05/19/2003 12:54 FAX 212 450 5580

EYSTER KEY TUBB
THE HAND CARE CENTER
EYSTER KEY TUBB
DPW 23-21

006/006
PAGE 02/03
002
004

Eugene Mangieri, M.D.

Glenn Kelly, M.D.

Leonard Klay, M.D.

Charles B. Shane, M.D.

Jeffrey Book, M.D.

Andres Taleisnik, M.D.



Julio Taleisnik, M.D.

David Boxstein, M.D.

Roger Wilson, M.D.

Susan R. Hansen, M.D.

Edward Davis, M.D.

08/18/2003 12:04 FAX 255 343 8787
08/18/2003 12:04 FAX 255 343 8787

SYSTEM KEY T088
BFW 88-21

002/002
0004

Eugene Mangieri, M.D.

Glean Kelly, M.D.


Leonard Kay, M.D.

Charles B. Shane, M.D.

Jeffrey Book, M.D.

Andras Tatalanik, M.D.

Julia Tatalanik, M.D.



David Boxstein, M.D.

Roger Wilson, M.D.

Susan R. Hansen, M.D.

Edward Davis, M.D.

08/18/2003 12:04 FAX 255 343 8787

Manual Porth, M.D.

Michael C. Burgess, M.D.

Eugene Mangieri, M.D.

Glenn Kelly, M.D.

Leonard Klay, M.D.

Charles B. Shane, M.D.

Jeffrey Book, M.D.

Andres Taleisnik, M.D.

Julio Taleisnik, M.D.

David Boxstein, M.D.

Roger Wilson, M.D.


Susan R. Hansen, M.D.

Eugene Mangleri, M.D.

Glenn Kelly, M.D.

Leonard Klay, M.D.

Charles B. Shano, M.D.

Jeffrey Book, M.D.

Andres Talsnik, M.D.

Julio Talsnik, M.D.

David Benstein, M.D.

Roger Wilson, M.D.

Susan R. Hansen, M.D.

Edward J. Davis, MD
Edward Davis, M.D. *DO*



Thomas Backer, M.D.

Martin Moran, M.D.

H. Robert Harrison, Ph.D., M.D.

Lance R. Goodman, M.D.

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Thomas Backer, M.D.

Martin Moran MD

Martin Moran, M.D.

H. Robert Harrison

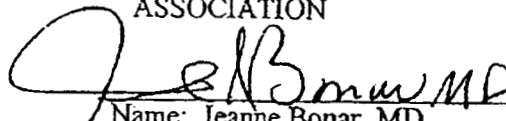
H. Robert Harrison, Ph.D., M.D.

Lance R. Goodman

Lance R. Goodman, M.D.

SIGNATORY MEDICAL SOCIETIES:

ALASKA STATE MEDICAL
ASSOCIATION



Name: Jeanne Bonar, MD

Title: President



Name: James J. Jordan

Title: Executive Director

(NY) 01190/066/AGT/sig.pages.doc

CONNECTICUT STATE MEDICAL
SOCIETY

Timothy B. Norbeck

Name: Timothy B. Norbeck
Title: Executive Director


(NY) 01190/069/ACT/sig.pagca.doc

EL PASO COUNTY MEDICAL
SOCIETY

 M.D.

Name: Ripley R. Hollister, M.D.

Title: President

 M.D.

Name: Patricia A. Fodor, M.D.

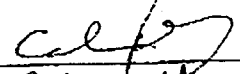
Title: President Elect

 M.D.

Name: Larry A. Moore, M.D.

Title: EPCMS Board of Directors

HAWAII MEDICAL ASSOCIATION


Name: Calvin Wong
Title: President

(NY) 01190066/ACT/sg.pres.doc

NEBRASKA MEDICAL ASSOCIATION

Sandra A. Johnson
Name:
Title: *Executive Vice President*

(NY) 01190/066/AGT/mg pages.doc

NEBRASKA MEDICAL ASSOCIATION



Name:
Title: President

NEW HAMPSHIRE MEDICAL
SOCIETY

Peter L. Fossell MD

Name: *Peter L. Fossell MD*
Title: *President*

(NY) 01190/066/AGT/nig pages do:

MEDICAL SOCIETY OF NEW JERSEY



Name: Mark T. Olesnicky, MD

Title: President

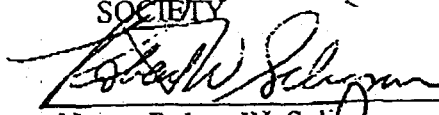
MEDICAL SOCIETY OF THE STATE
OF NEW YORK

Charles N. Arubel MD

Name:

Title: *EVP/CEO*

NORTH CAROLINA MEDICAL
SOCIETY



Name: Robert W. Seligson
Title: Executive Vice President, CEO

SOUTH CAROLINA MEDICAL
ASSOCIATION

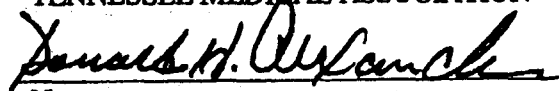
William F. Mahon

Name: William F. Mahon

Title: Chief Executive Officer

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TENNESSEE MEDICAL ASSOCIATION

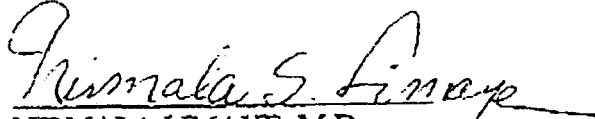


Name: Donald H. Alexander

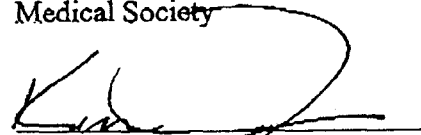
Title: Chief Executive Officer



MARY SCHMIDT, MD.
President, Medical Society of
Northern Virginia (formerly
Fairfax County and Alexandria
Medical Societies)



NIRMALA LIMAYE, M.D.
President, Arlington County
Medical Society




KENNETH JOSOVITZ, M.D.
President, Prince William County
Medical Society



RANDALL PEYTON, M.D.
President, Loudoun County
Medical Society

**Collectively known as, and on
behalf of, Northern Virginia
Medical Societies**

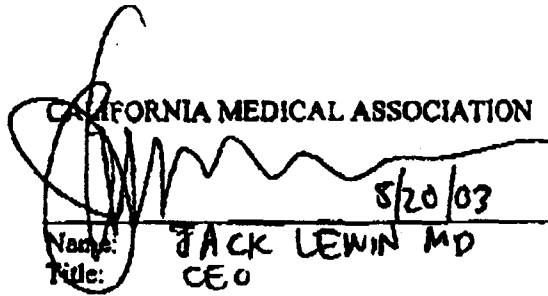
WASHINGTON STATE MEDICAL
ASSOCIATION

A handwritten signature in black ink, appearing to read "Thomas J. Curry". The signature is written in a cursive style with a prominent initial 'T'.

Name: Thomas J. Curry

Title: Executive Director/CEO

CALIFORNIA MEDICAL ASSOCIATION



5/20/03

Name: JACK LEWIN MD
Title: CEO

MEDICAL ASSOCIATION OF GEORGIA

Name:
Title:

FLORIDA MEDICAL ASSOCIATION

Name:
Title:

LOUISIANA STATE MEDICAL SOCIETY

Name:
Title:

DENTON COUNTY MEDICAL ASSOCIATION

Name:
Title:

CALIFORNIA MEDICAL ASSOCIATION

Name:
Title:

MEDICAL ASSOCIATION OF GEORGIA

Alan L. Plummer, MD

Name: ALAN L. PLUMMER MD
Title: President, MAG

FLORIDA MEDICAL ASSOCIATION

Name:
Title:

LOUISIANA STATE MEDICAL SOCIETY

Name:
Title:

DENTON COUNTY MEDICAL
ASSOCIATION

Name:
Title:

MAY-21-03

07:51

FROM-Florida Medical Association

850-222-8827

200 324 4649 P.02
T-365 P.002/002 F-005

CALIFORNIA MEDICAL ASSOCIATION

Name:
Title:

MEDICAL ASSOCIATION OF GEORGIA

Name:
Title:

FLORIDA MEDICAL ASSOCIATION

Name: *Robert E. Clement*
Title: *President*

LOUISIANA STATE MEDICAL SOCIETY

Name:
Title:

DENTON COUNTY MEDICAL ASSOCIATION

Name:
Title:

CALIFORNIA MEDICAL ASSOCIATION

Name:
Title:

MEDICAL ASSOCIATION OF GEORGIA

Name:
Title:

FLORIDA MEDICAL ASSOCIATION

Name:
Title:

LOUISIANA STATE MEDICAL SOCIETY

Keith De Souier
Name: *Keith De Souier, MD*
Title: *President, LSMS*

DENTON COUNTY MEDICAL ASSOCIATION

Name:
Title:

CALIFORNIA MEDICAL ASSOCIATION

Name:
Title:

MEDICAL ASSOCIATION OF GEORGIA

Name:
Title:

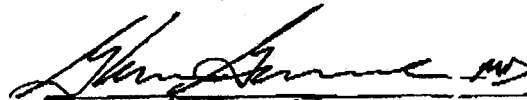
FLORIDA MEDICAL ASSOCIATION

Name:
Title:

LOUISIANA STATE MEDICAL SOCIETY

Name:
Title:

DENTON COUNTY MEDICAL ASSOCIATION



Name: GLENN GERDESE M.D.
Title: PRESIDENT

CALIFORNIA MEDICAL ASSOCIATION

Name:
Title:

MEDICAL ASSOCIATION OF GEORGIA

Name:
Title:

FLORIDA MEDICAL ASSOCIATION

Name:
Title:

LOUISIANA STATE MEDICAL SOCIETY

Name:
Title:

DENTON COUNTY MEDICAL ASSOCIATION

Name:
Title:

TEXAS MEDICAL ASSOCIATION

Louis J. Goodman

Name: Louis J. Goodman, PhD
Title: Executive Vice President/CEO



CLASS COUNSEL:

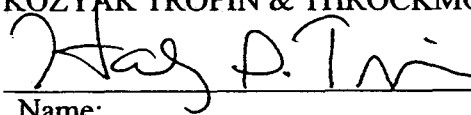
LAW OFFICES OF ARCHIE LAMB, LLC



Name:

Title:

KOZYAK TROPIN & THROCKMORTON



Name:

Title: *Shareholder*

DOFFERMYRE, SHIELDS, CANFIELD,
KNOWLES & DEVINE

Name:

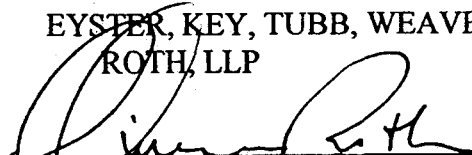
Title:

DRUBNER, HARTLEY & O'CONNOR,
LLC

Name:

Title:

EYSTER, KEY, TUBB, WEAVER &
ROTH, LLP



Name: *Nicholas Roth*

Title: *Partner.*

CLASS COUNSEL:

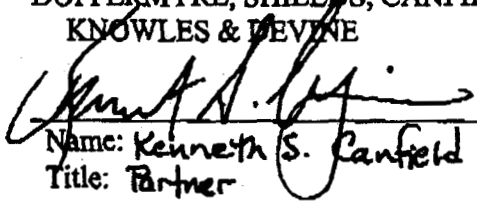
LAW OFFICES OF ARCHIE LAMB, LLC

Name:
Title:

KOZYAK, TROPIN & THROCKMORTON

Name:
Title:

DOFFERMYRE, SHIELDS, CANFIELD,
KNOWLES & DEVINE



Name: Kenneth S. Canfield
Title: Partner

DRUBNER, HARTLEY & O'CONNOR,
LLC

Name:
Title:

EYSTER, KEY, TUBB, WEAVER &
ROTH, LLP

Name:
Title:

CLASS COUNSEL:

LAW OFFICES OF ARCHIE LAMB, LLC

Name:
Title:

KOZYAK, TROPIN & THROCKMORTON

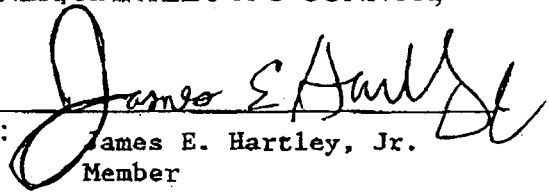
Name:
Title:

DOFFERMYRE, SHIELDS, CANFIELD,
KNOWLES & DEVINE

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DRUBNER, HARTLEY & O'CONNOR,
LLC

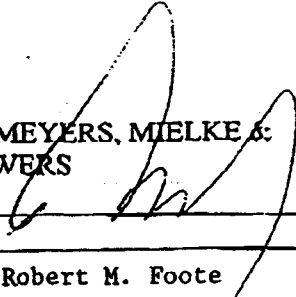
Name: James E. Hartley, Jr.
Title: Member



EYSTER, KEY, TUBB, WEAVER &
ROTH, LLP

Name:
Title:

FOOTE, MEYERS, MIELKE &
FLOWERS


Name: Robert M. Foote
Title: Partner

GORDON, SILBERMAN, WIGGINS &
CHILDS, P.C.

Name:
Title:

GRAY & WEISS

Name:
Title:

LOWE, MOBLEY & LOWE

Name:
Title:

MILBERG WEISS BERSHAD HYNES &
LERACH LLP

Name:
Title:

SAVERI & SAVERI, INC.

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FOOTE, MEYERS, MIELKE &
FLOWERS

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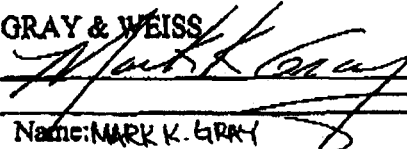
FOOTE, MEYERS, MIELKE &
FLOWERS

Name:
Title:

GORDON, SILBERMAN, WIGGINS &
CHILDS, P.C.

Name:
Title:

GRAY & WEISS


Name: MARK K. GRAY
Title: ATTORNEY

LOWE, MOBLEY & LOWE

Name:
Title:

MILBERG WEISS BERSHAD HYNES &
LERACH LLP

Name:
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SAVERI & SAVERI, INC.

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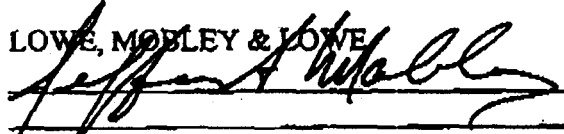
GORDON, SILBERMAN, WIGGINS &
CHILDS, P.C.

Name:
Title:

GRAY & WEISS

Name:
Title:

LOWE, MOBLEY & LOWE



Name: Jeffery A. Mobley
Title: Attorney

MILBERG WEISS BERSHAD HYNES &
LERACH LLP

Name:
Title:

SAVERI & SAVERI, INC.

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Title:

FOOTE, MEYERS, MIELKE &
FLOWERS

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GORDON, SILBERMAN, WIGGINS &
CHILDS, P.C.

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GRAY & WEISS

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LOWE, MOBLEY & LOWE

Name:
Title:

MILBERG WEISS BERSHAD HYNES &
LERACH LLP

Edith M. Kallas

Name: *Partner*
Title:

SAVERI & SAVERI, INC.

Name:
Title:

FOOTE, MEYERS, MIELKE &
FLOWERS

Name:
Title:

GORDON, SILBERMAN, WIGGINS &
CHILDS, P.C.

Name:
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GRAY & WEISS

Name:
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LOWE, MOBLEY & LOWE

Name:
Title:

MILBERG WEISS BERSHAD HYNES &
LERACH LLP

Name:
Title:

SAVERI & SAVERI, INC.



Name: Guido Saveri
Title:

STEWART, TILGHMAN, FOX &
BIANCHI

Name:
Title:

WHATLEY DRAKE, LLC

Name:
Title:

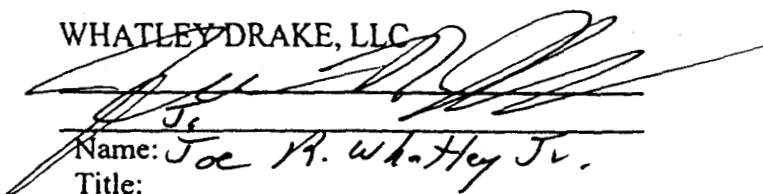
WHITE, DUNN & BOOKER

Name:
Title:

STEWART, TILGHMAN, FOX &
BIANCHI

Name:
Title:

WHATLEY DRAKE, LLC



Name: Joe A. Whatley Jr.
Title:

WHITE, DUNN & BOOKER

Name:
Title:

STEWART, TILGHMAN, FOX &
BIANCHI

Name:
Title:

WHATLEY DRAKE, LLC

Name:
Title:

WHITE, DUNN & BOOKER

Name:
Title:

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

THIS DOCUMENT RELATES TO
PROVIDER TRACK CASES ONLY

PROOF OF CLAIM FORM

DEADLINE FOR SUBMISSION: **[insert date that is 90 days after the notice date]**

If you would like for the portion of the settlement fund that you are entitled to receive to be donated to a charitable foundation that has been established in connection with the settlement of the class action and that will be dedicated to promoting high quality healthcare and will give particular emphasis to initiatives that assist physicians to improve/enhance the quality of care received by patients, you do not need to do anything with respect to this form. All settlement funds that are not paid to members of the class will be donated to this charitable foundation.

IF YOU ARE A MEMBER OF THE CLASS WHO HAS RETIRED FROM THE PRACTICE OF MEDICINE SUBSEQUENT TO AUGUST 4, 1990 OR ARE THE LEGAL HEIR OR REPRESENTATIVE OF A DECEASED CLASS MEMBER, PLEASE COMPLETE THIS PORTION OF THE FORM

I certify that I have reviewed the enclosed notice of proposed settlement and that I am either a member of the class (as described in such notice of proposed settlement) who has retired from the practice of medicine subsequent to August 4, 1990 or that I am the legal heir or representative of a deceased member of the class.

- By checking this box, I am directing the settlement administrator to pay to me my pro rata portion of the settlement fund that has been reserved for retired and deceased physicians.

- By checking this box, I am directing the settlement administrator to donate my pro rata portion of the settlement fund to the charitable foundation.

If you do not submit this form to the settlement administrator prior to [insert date that is 90 days after the notice date], the portion of the settlement fund that you are entitled to receive will be donated to a charitable foundation that has been established in connection with the settlement of the class action and that will be dedicated to promoting high quality healthcare and will give particular emphasis to initiatives that assist physicians to improve/enhance the quality of care received by patients, you do not need to do anything with respect to this form. If you validly submit this form to the settlement administrator prior to [insert date that is 90 days after the notice date], you may elect to receive the portion of the settlement fund to which you are entitled or you may direct that it be paid to this charitable foundation.

Signature

Print Name

Address

Social Security Number

IF YOU ARE A MEMBER OF THE CLASS AND AN ACTIVELY-PRACTICING PHYSICIAN, PLEASE COMPLETE THIS PORTION OF THE FORM

Members of the class (as described in the enclosed notice of proposed settlement) who are actively-practicing physicians are entitled to receive a pro rata amount of the portion of the settlement fund that is not reserved for retired or deceased physicians. Your settlement payment will be based upon the amount of payments received by you from Aetna in payment for services during any consecutive three-year period from 1990 through 2002.

Active physicians that received no payments from Aetna, or payments from Aetna of less than \$5,000, in any such consecutive three-year period will receive a settlement

payment that is equal to the "base amount" of the settlement fund that is being paid to active physicians in the settlement.

Active physicians that received payments from Aetna of \$5,000 or more, and less than \$50,000, in any such consecutive three-year period will receive a settlement payment that is equal to twice the "base amount".

Active physicians that received payments from Aetna of \$50,000 or more in any such consecutive three-year period will receive a settlement payment that is equal to three times the "base amount".

To simplify the process of obtaining payment from Aetna, members of the class (as described in the enclosed notice of proposed settlement) who are actively-practicing physicians may sign this claim form and submit it to the settlement administrator prior to [insert date that is 90 days after the notice date] without any additional documentation, in which event the amount of the settlement fund to which each such active physician is entitled to receive shall be determined based on Aetna's books and records for the period beginning from 2000 through the end of 2002. Alternatively, active physicians may elect to submit to the settlement administrator proof of their payments from Aetna, in the form of 1099 forms or other forms of proof, to show the amounts of payments received from Aetna during any three consecutive years from 1990 through 2002 to justify the amount due to such active physician from the settlement fund. Active physicians that have been paid through physician organizations or physician groups (including without limitation delegated entities) may submit to the settlement administrator proof of the amounts received in any three consecutive years from 1990 through 2002 for providing services to members of plans offered or administered by Aetna or its predecessors.

Any questions about this procedure or proof that will be accepted should be addressed to the settlement administrator at:

[insert appropriate contact information for Settlement Administrator]

I certify that I have reviewed the enclosed notice of proposed settlement and that I am a member of the class (as described in the enclosed notice of proposed settlement) and am an actively-practicing physician.

- By checking this box, I am directing the settlement administrator to pay to me the amount of the settlement fund to which I am entitled, based on Aetna's books and records.
- By checking this box, I am directing the settlement administrator to donate the amount of the settlement fund to which I am entitled to the charitable foundation.
- By checking this box, I am directing the settlement administrator to determine the amount of the settlement fund to which I am entitled based on the enclosed proof of payments that I received from Aetna, or for serving members of plans offered

or administered by Aetna, for any three consecutive years from 1990 through 2002. I certify that the amount of such enclosed proof of payments is \$_____.

If you do not submit this form to the settlement administrator prior to [insert date that is 90 days after the notice date], the portion of the settlement fund that you are entitled to receive will be donated to a charitable foundation that has been established in connection with the settlement of the class action and that will be dedicated to promoting high quality healthcare and will give particular emphasis to initiatives that assist physicians to improve/enhance the quality of care received by patients, you do not need to do anything with respect to this form. If you validly submit this form to the settlement administrator prior to [insert date that is 90 days after the notice date], you may elect to receive the portion of the settlement fund to which you are entitled or you may direct that it be paid to this charitable foundation.

Signature

Print Name

Address

Social Security Number

EXHIBIT B

LIST OF CLASS COUNSEL

Law Offices of Archie Lamb, LLC	Co-Lead Counsel	Archie C. Lamb
Kozyak, Tropin & Throckmorton	Co-Lead Counsel	Harley S. Tropin
Doffermyre, Shields, Canfield, Knowles & Devine		Ralph I. Knowles Kenneth S. Canfield
Drubner, Hartley & O'Connor, LLC		James E. Hartley
Eyster, Key, Tubb, Weaver & Roth, LLP		Nicholas B. Roth
Foote, Meyers, Mielke & Flowers		Robert M. Foote
Gordon, Silberman, Wiggins & Childs, P.C.		Dennis G. Pantazis
Gray & Weiss		Mark K. Gray
Lowe, Mobley & Lowe		Jeffrey A. Mobley
Milberg Weiss Bershad Hynes & Lerach LLP		Edith M. Kallas
Saveri & Saveri, Inc.		Guido Saveri
Stewart, Tilghman, Fox & Bianchi		James Tilghman
Whatley Drake, LLC		Joe R. Whatley
White, Dunn & Booker		J. Mark White

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

THIS DOCUMENT RELATES TO
PROVIDER TRACK CASES ONLY

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