

**UNITED STATES DISTRICT COURT
FOR THE 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

**CIGNA 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 Humana Physician, Physician Group and Physician Organization Settlement Agreement.

Name: _____

Address: _____

Tax Identification Number: _____

Humana Provider Number (if applicable): _____

Email Address: _____

Telephone Number: _____

Physician Signature: _____

Signature (Print): _____ Date: _____

