



**PROOF OF SERVICE**  
**ARBITRATION OF DISPUTES BETWEEN CARRIERS AND**  
**PRIMARY CARE AND CHRONIC CARE MANAGEMENT PROVIDERS**  
18 Del. Admin. Code §1319

I certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in addition to the filing provided to the Insurance Commissioner, I served a copy of the

\_\_\_ **Initial Petition for Arbitration** (*with supporting documents*) Initial petition must be sent by Certified U.S. Postage with return receipt requested.

\_\_\_ **Response to the Petition for Arbitration** (*with supporting documents*)

\_\_\_ **Other/Supplemental exhibits** (Please briefly describe). *Supplemental submissions must be related to the original filing.*

\_\_\_\_\_

to the following recipient(s):

**Recipient 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Tracking No. \_\_\_\_\_

**Recipient 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Tracking No. \_\_\_\_\_

**Recipient 3:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Tracking No. \_\_\_\_\_

**Manner of service:**

\_\_\_ Certified U.S. Postage with return receipt requested

\_\_\_ U.S. First-Class Postage (this manner of service is not acceptable for the initial Petition)

**Name of person making this certification:**

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*\*Save all proofs of mailing and return receipt(s) for verification\*\*\***