



**Regulation 1316 – Form C**  
**Proof of Service of Papers Required for Non-Network Providers of Emergency Care Services Health Care Reimbursement for Emergency Care Arbitration**

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

- \_\_\_\_\_ Petition for Arbitration with required attachments
- \_\_\_\_\_ Response to the Petition for Arbitration with required attachments
- \_\_\_\_\_ Other (*please describe*) \_\_\_\_\_

to the following person(s) by:

- \_\_\_\_\_ Certified mail, return receipt requested
- \_\_\_\_\_ First-class mail, postage-prepaid

Name	
Address	

Name	
Address	

Name	
Address	

The following is required by the person making this certification:

Name of Party	
Address of Party	
Signature of Party	

NOTE: Save all proofs of mailing and return receipt(s) for verification by the Arbitrator.