

STATE OF DELAWARE DEPARTMENT OF INSURANCE

PROOF OF SERVICE ARBITRATION OF DISPUTES BETWEEN CARRIERS AND PRIMARY CARE AND CHRONIC CARE MANAGEMENT PROVIDERS

18 Del. Admin. Code §1319

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. or the following recipient(s): Recipient 1: Name: Address: Postal Tracking No	I certify that on the day of	, 20, in addition to the filing provided to the
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. on the following recipient(s): Recipient 1: Name: Address: Postal Tracking No	Insurance Commissioner, I served a copy of the	
Other/Supplemental exhibits (Please briefly describe). Supplemental submissions must be related to the original filing. othe 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:	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. The original filing		
Recipient 1: Name: Address: Postal Tracking No. Recipient 2: Name: Address: Postal Tracking No. Recipient 3: Name: 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:		
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:	to the following recipient(s):	
Address:	Recipient 1: Name:	
Name:		
Name:	Postal Tracking No	
Postal Tracking No	Recipient 2:	
Name:	Address:	
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:	Postal Tracking No	
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:	Recipient 3: Name:	
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:	Address:	
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:	Postal Tracking No	
U.S. First-Class Postage (this manner of service is not acceptable for the initial Petition) Name of person making this certification:	Manner of service:	
Name of person making this certification:	Certified U.S. Postage with return receip	t requested
	U.S. First-Class Postage (this manner of	service is not acceptable for the initial Petition)
Print name:	Name of person making this certification:	
	Print name:	
Address:		
Signature:	Signature:	

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

1351 West North Street, Suite 101, Dover, DE 19904 ♦ (302) 764-7300