



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: _____

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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: _____

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Signature: _____

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

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