

ACCESS PAYMENT REMITTANCE FORM
July 1, 2012 – June 30, 2013

| | | | |
|--|--------------------|---------------------|---------------|
| 1. Entity Name | | | |
| 2.A. License Prefix | | 2.B. License Number | |
| | | | |
| 3.A Mailing Address | | | |
| 3.B. City | | 3.C. State | 3.D. Zip Code |
| | | | |
| 4. Reporting Period | | | |
| | | | |
| 5.A. Contact Name | 5.B. Contact Phone | 5.C. Contact Email | |
| 6.A. Total Paid Claims For This Period | \$ | | |
| | | | |
| | | | X .0164 |
| 6.B. Payment Amount | \$ | | |

Notes:

To determine what claims count toward the total paid claims, please see the Dirigo Health Agency Paid Claims rules at <http://www.dirigohealth.maine.gov/Pages/rules.html>

1. Enter entity name
- 2.A. Enter State of Maine License Prefix, e.g., “LHF”, “PCF”, “TAF”, etc. If you do not know your entity’s License Prefix, please look up your entity at <http://pfr.informe.org/almsonline/almquery/SearchCompany.aspx>
- 2.B. Enter State of Maine License Number. If you do not know your entity’s License Number, look up your entity at <http://pfr.informe.org/almsonline/almquery/SearchCompany.aspx>
- 3.A. Enter entity’s mailing address
- 3.B. Enter entity’s mailing city
- 3.C. Enter entity’s mailing state
- 3.D. Enter entity’s mailing zip code
4. Enter reporting period (Ex: July 1, 2012 - July 31, 2012)
- 5.A. Enter name of individual Agency can contact in case of questions.
- 5.B. Enter phone number for contact individual
- 5.C. Enter email address for contact individual
- 6.A. Enter total paid claims for reporting period
- 6.B. Enter amount in 6.A multiplied by .0164 (1.64%). This represents your access payment for the reporting period.

Please make check payable to Treasurer, State of Maine and mail Payment Remittance form along with payment to:
 Dirigo Health Agency
 PO Box 94
 Lewiston, ME 04243