

Access Payment Remittance Form

1. Entity Name			
2.A. License Prefix		2.B. License Number	
3.A Mailing Address			
3. B. City		3.C. Zip Code	
4. Reporting Period			
5. A. Contact Name		5. B. Contact Phone	
5.C. Contact email			
6.A. Total Paid Claims for Period	\$		
	X .0214		
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 zip code
4. Enter reporting period (e.g., September, 2009)
- 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 .0214 (2.14%). This represents your access payment for the reporting period.

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

Revised 6/3/2011