

<Date>

Maryland Insurance Administration

ATTN: Consumer Complaint Investigation- Health Insurance: Evergreen Health, Inc.

200 St. Paul Place, Suite 2700

Baltimore, MD 21202

Dear Sir or Madam:

My name is <Name> , and I am a physician at <Practice>, located at <Practice Address>. I can be reached at <daytime telephone number> during the day or <evening telephone number> in the evening.

I am writing this letter to file a complaint with the Maryland Insurance Administration concerning Evergreen Health, Inc.

<Explanation of the problem with dates, claims, etc. The more detail the better. Enclose any copies of documents that may be relevant. Please be careful not to disclose any personal health information.>

I am aware of Evergreen's receivership and its potential impact on claims payments. I greatly appreciate the Administration's dedication to making sure that physician claims are paid as expeditiously as possible. Please let me know if I can provide any additional information.

Sincerely,

<Name>