PROOF OF CLAIM FORM AND NOTICE OF ABSOLUTE BAR DATE

EVERGREEN HEALTH, INC.

ABSOLUTE BAR DATE AND CLAIMS FILING DEADLINE: July 31, 2018

FOR OFFICIAL USE ONLY	Receiver Claim Nbr. (RCN):
Date Postmarked:	Policy and Member #:
Date Received:	Receiver Allowed Amount:

If you do NOT have a claim against Evergreen Health, Inc., no action is required by you. If you have a claim, you must fill out this form according to the instructions beginning on page three of this form and return pages one and two of the form to the Receiver no later than **July 31, 2018**. Failure to complete and return form to the Receiver by **July 31, 2018** in accordance with the instructions may result in your claim being denied. Please include **all** documentation that supports your claim with your submission. If your claim consists of multiple invoices, please provide an itemization table with your submission.

CLAIMANT INFORMATION: PLEASE COMPLETE THIS SECTION

Name or Business Name					
Address 1					
Address 2					
City		**ST**		**Zip**	-

Date of Birth	/ /	**If you receive a distribution in this liquidation, will it be considered income for you?**	☐ Yes ☐ No	**If yes, you must also submit a W-9 Form with your Proof of Claim form. Go to:** www.irs.gov

Policy No:	**Member Name and Member No:**	**Date of Claim or Invoice:**
Email Address:		**Daytime Phone: (_____) _____-_____**
Total Amount of Claim: (Amount must be documented including: payments made on the debt, if any; that the sum claimed is justly owing and that there is no setoff, counterclaim, or defense to the claim. See page 3 for instructions)		**$ _____.____**

An Attorney is not required to complete this form. However, if one assisted you with this claim, please provide Name and Address:	Attorney Name:
	Address:
	City/State/Zip:

a. If you have received any payments on the claim for which you are filing this proof of claim from any source, list the total amount received $_____ and identify all sources: _____

b. If this claim is the subject of legal action, list court and case number: _____

List all parties and their attorneys: _____

c. If this claim is contingent or unliquidated, please provide details: _____

d. If you claim any right of priority of payment, please provide details: _____

_____

_____

Type of Claim:	
Secured Claim (A secured claim is any claim secured by land, cash or other personal property via a mortgage, deed of trust, pledge, security agreement, etc. Additional documentation of security interest must be provided.)	☐ **Yes** ☐ **No**
Policy or Medical Provider Claim	☐ **Yes** ☐ **No**
Claims of Federal Government	☐ **Yes** ☐ **No**
Employee Claim ($500 Maximum)	☐ **Yes** ☐ **No**
State of Maryland Claim	☐ **Yes** ☐ **No**
All Other Claim Types Not Listed	☐ **Yes** ☐ **No**

I swear or affirm that I am the claimant referenced on the line marked "Name or Business Name" on this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge and that the sum claimed is justly owing from the insurer.

x_____ ____/____/_____ **x**_____

Signature of/for Claimant **Date Signed** **Printed Name of Person Signing & Title (if signing for business)**

IMPORTANT: For your proof of claim form to be accepted you must return pages 1 – 2 completed and a W-9, if applicable, along with supporting documentation.

Proof of Claim Form General Instructions

1	**If you do NOT have a claim against Evergreen Health, no action is required by you. If you do have a claim, complete the Proof of Claim Form as detailed in the instructions below.**
2	The Proof of Claim form must be typed or legibly printed in ink **and you must sign the form.** Do not file a Proof of Claim unless you are aware of a specific claim and can factually support it. If you do not have a claim at this time, you should keep the Proof of Claim form and submit it prior to the Absolute Final Bar Date, together with supporting documentation, should you become aware of a claim. IF YOU FAIL TO ADEQUATELY DESCRIBE AND DOCUMENT YOUR CLAIM, ALLOWANCE OF YOUR CLAIM MAY BE DENIED.
3	The Proof of Claim form must have all items completed and questions answered. If an item is not applicable, indicate so by writing "N/A" in the blank. Your Proof of Claim may be returned to you if any items are left blank. Please review the entire form for completion prior to mailing.
4	If you need additional space to fully answer any question, do so on a separate sheet of paper and attach to your Proof of Claim.
5	You must attach documents or evidence supporting your loss to the Proof of Claim form. Examples of necessary evidence include contracts, invoices, receipts, etc. FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM MAY RESULT IN DENIAL OF YOUR CLAIM.
6	You have an ongoing duty to supplement your Proof of Claim form with supporting documentation as additional information is received. This requirement includes notice of any change of address or other contact information. The Receiver recommends that you keep a copy of the completed Proof of Claim for your records. If you require confirmation that your Proof of Claim form was received, send it by Certified Return Receipt mail.
7	The Proof of Claim must be signed by the Claimant who is listed on the line marked **Name or Business** on the front side of this form, or by a representative of the Claimant who has knowledge of the matters set forth in the Proof of Claim.
8	You must submit a W-9 form with your Proof of Claim if a distribution from this liquidation will be income for you. You may obtain a W-9 form for completion from www.irs.gov. If a distribution from this liquidation will be income for you, complete and sign the W-9 form, and submit it to the Receiver with your Proof of Claim and any other supporting documentation.
9	**MEMBERS: You may still submit a claim for reimbursement of a medical service that should have been paid by Evergreen Health using this form.** Members are responsible for deductible, coinsurance and co-pay amounts due under their policies and no claim should be submitted for those payments.
10	**AGENTS/BROKERS**: **Agents and Brokers must file this Proof of Claim form on or before the filing deadline in order to establish a claim for unpaid commissions**. You must include any supporting documentation you want to have considered along with your Proof of Claim form.
11	**PROVIDERS**: All claims for healthcare services incurred before July 31, 2017 should be presented by way of currently established procedures for processing in the normal course of business no later than **July 31, 2018**. Claims for the period before July 31, 2017 presented after July 31, 2018 will not be paid. - Please submit this form to make a claim for any unpaid Evergreen claims with an incurred date before July 31, 2017. A detailed itemization of any unpaid claims with an incurred date before July 31, 2017 must be submitted with this form. **Do not include the actual medical claims with this form; the medical claims must be submitted via the normal established claim filing procedure.** - Do not submit this form for claims with an incurred date on or after July 31, 2017. Claims with an incurred date on or after July 31, 2017 will be paid in the normal course of business.

DO NOT FILE YOUR PROOF OF CLAIM WITH THE COURT. ALL PROOFS OF CLAIM MUST BE SUBMITTED TO THE RECEIVER.

Once you have completed and signed the Proof of Claim Form (and the W-9 Form, if applicable), make a copy for your records and return the form with all supporting documentation to the following address:

Evergreen Health, Inc.
3000 Falls Road, Suite 400
Baltimore, MD 21211.

A Proof of Claim submitted by U.S. Mail must be received by the Receiver or postmarked on or before July 31, 2018 in order to be considered timely**. If a Proof of Claim is delivered by overnight courier, it must be received on or before July 31, 2018** in order to be considered timely. If you wish proof of delivery, you may submit the Proof of Claim to the Receiver using Certified Mail, return receipt requested. **The Receiver will not accept Proofs of Claim by facsimile, email or any other electronic means**. After all claims against the company are evaluated and approved by the Court, claims will be paid based on available funds. The amount of payment will depend on the total claims, as well as the priority class of your claim. The Receiver will not know the percentage that can be paid on any individual claim until all claims are evaluated and assets converted to cash. This process may take more than a year after the deadline for filing claims has passed. For additional information, you may direct your inquiry to **EvergreenPOC@riskreg.com** or call (443) 451-4979. The website www.evergreenmd.org may also be consulted for additional information.

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