ACCESS PAYMENT REMITTANCE FORM
July 1, 2013 – December 31, 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 .0114
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/almsquery/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/almsquery/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, 2013 - July 31, 2013)
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 .0114 (1.14%). 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

Revised 4/19/13