

UNITED STATE DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
Miami Division

MDL NO.: 1334  
MASTER FILE NO.: 00-1334-MD-MORENO

IN RE:  
MANAGED CARE LITIGATION

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THIS DOCUMENT RELATES TO  
PROVIDER TRACK CASES ONLY

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**CIGNA HEALTHCARE PHYSICIAN SETTLEMENT  
COMPLIANCE DISPUTE CLAIM FORM**

The undersigned hereby declares that he, she or it is a Class Member who did not Opt Out of the CIGNA HealthCare Physicians Settlement Agreement.

Name \_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

Tax Identification Number \_\_\_\_\_

CIGNA HealthCare Provider Number (if applicable) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check one of the following:

\_\_\_\_ I am bringing this Compliance Dispute on my own behalf.

\_\_\_\_ I hereby authorize the following Signatory Medical Society to bring this Compliance Dispute on my behalf:\_\_\_\_\_.

Please set forth in detail below, using particularized facts, the specific obligation(s) of CIGNA HealthCare to you under section 7 of the Settlement Agreement which you allege CIGNA HealthCare has materially failed to perform. Describe how you have been adversely affected by CIGNA HealthCare's alleged failure to comply with those specific obligation(s). You may attach any supporting documentation or affidavit testimony.

You must complete and submit this petition no later than thirty (30) days after the Compliance Dispute first arose to:

Deborah J. Winegard  
c/o Doffermyre Shields Canfield Knowles & Devine  
Aetna Compliance Dispute Facilitator  
1355 Peachtree St. Suite 1600  
Atlanta, GA 30309  
(404) 881-8900 (telephone)  
(404) 881-3007 (fax)  
[dwinegard@gmail.com](mailto:dwinegard@gmail.com)