

**JAMES J. DONELON, COMMISSIONER OF INSURANCE FOR THE STATE OF LOUISIANA AS REHABILITATOR OF
LOUISIANA HEALTH COOPERATIVE, INC. IN REHABILITATION**

NOTICE OF PAYMENT / FINAL SETTLEMENT FOR OUTSTANDING CLAIMS

LAHC Settlement File ID:	<Settlement File ID>
LAHC Settling Provider:	<Provider Name / Tax ID>
LAHC Final Payment:	<Total Payment>

Louisiana Health Cooperative, Inc. in Rehabilitation ("LAHC") conducted business as a Health Plan in 2014 and 2015. On 09/01/2015, James J. Donelon, Commissioner of Insurance for the State of Louisiana, petitioned the Louisiana 19th Judicial District Court to place LAHC in Rehabilitation. As ordered by the court (Case Number 641-928), the Commissioner and the court approved Receiver, Billy Bostick, conducted the business of LAHC through December 31, 2015, when all health care coverages ended. On 09/03/2019, LAHC received a Federal Waiver from the United States Department of Justice allowing LAHC to release payments to LAHC providers. Following receipt of the Federal Waiver, LAHC was granted approval by the court to use abbreviated procedures to pay provider/provider groups in full under the "LAHC Low Dollar Provider Settlement Plan".

LAHC has adjudicated all outstanding claims for dates of service in 2014 and 2015. Enclosed please find a check from LAHC in the amount shown above sent to you as Registered Agent of the LAHC Settling Provider for all outstanding approved timely filed claims filed against LAHC for the tax identification number shown above.

This check is offered in full and final settlement of any claims the above LAHC Settling Provider may have against LAHC. By accepting this settlement offer and negotiating the enclosed check, the LAHC Settling Provider agrees to; (1) waive any and all claims against LAHC, (2) participate in and agree to all the terms and conditions of the LAHC Settlement Plan, which includes waiving the collection of co-payment amounts, deductibles, co-insurance amounts, and any other amounts due from 2014 and 2015 LAHC policyholders, insureds, subscribers and/or members for services in 2014 and 2015.

The terms and conditions of the LAHC Settlement Plan are located at the Louisiana Department of Insurance website: <http://www.ldi.la.gov/industry/financial-regulation/receivership/louisiana-health-cooperative>.

PLEASE NOTE the provider's representative negotiating the LAHC Settlement check, agrees and acknowledges the authority on behalf of LAHC Settling Provider to accept payment from LAHC as full and final settlement of any and all claims.

This is the Receiver's determination of your claim(s). Should you choose not to negotiate the enclosed check and object to this determination, you must send your objection to the Receiver's designee, as instructed in the table below, within 30 days. If the Receiver's designee does not receive your objection within 30 days, the Receiver, at his discretion, may cancel the check and escheat the check amount to the State of Louisiana and consider the matter closed.

To be considered, your written objection or inquiry must include the following:	Your written objection or inquiry must be sent within 30 days to:
<ol style="list-style-type: none">1. LAHC Claim File ID shown above in the subject2. Your Name3. Your Company Name and Tax ID4. Your Email Address5. Your Direct Telephone Number6. Your Reason for Objecting7. Your Supporting Documentation	Emailed address: Philip@myLAHC.org <i>Or</i> mailed to: Philip D'Antonio Director of Operations, Receivership Team Louisiana Health Cooperative, Inc, in Receivership 4300 S I-10 Service Rd W, Suite 101A Metairie, LA 70001

Upon receipt of your objection, the Receiver's designee will email you a receipt confirmation. If you do not receive an email confirmation, your objection has not been received.

If you have any questions concerning this notice, please contact the Receiver's designee at email address Philip@myLAHC.org.