



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.myfloridacfo.com/receiver

December 20, 2013

<RCN: 543-00000>
<Name>
<Address 1>
<Address 2>
<Address 3>
<NPI>

**Important Notice to Providers Regarding Universal Health Care Insurance Company,
In Receivership**

The provider or medical group on this notice has been identified as a potential claimant in the receivership of Universal Health Care Insurance Company (UHCIC). A unique Receiver Identification Number (RCN) has been established and is noted above along with the provider's National Provider Identifier (NPI) number.

The Florida Department of Financial Services / Division of Rehabilitation and Liquidation, acting as Receiver for UHCIC is preparing to distribute Proof-of-Claim (POC) form instructions in the near future. The instructions will provide information on how to obtain and submit a POC form as well as instructions on how to submit supporting medical claim billing information.

When you have received the instructions for obtaining and completing a POC form please review them carefully. Supporting medical claim billing information will be evaluated by a third-party-administrator (TPA). Instructions for electronically submitting supporting medical billing claim information to the TPA will be included. Only supporting medical claim billing information submitted in conjunction with a properly completed POC form will be evaluated. Please discontinue routine billing on all UHCIC accounts.

To update your email address, please reply to this email (rehab.claimsservices@myfloridacfo.com) with changes and include "Email Address Change-UHCIC" in the subject line.

The claim filing deadline is 11:59 P.M. June 30, 2014

Additional information can be obtained at our website: www.myfloridacfo.com/receiver