

**IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT,
IN AND FOR LEON COUNTY, FLORIDA**

In Re: The Receivership of

Case No.: 2014 CA 2762

FLORIDA HEALTHCARE PLUS, INC.
_____ /

**ORDER APPROVING PROCEDURE WAIVING PROOF OF CLAIM FORM
REQUIREMENT FOR CLAIMS SUBMITTED BY MEDICAL PROVIDER CLAIMANTS**

THIS CAUSE came before the Court for consideration of the Receiver's Motion for an Order Approving Procedure Waiving Proof of Claim Form Requirement for Claims Submitted by Medical Provider Claimants. After review of the Motion and being otherwise fully advised in all material premises, it is **HEREBY ORDERED AND ADJUDGED** as follows:

A. The Receiver's Motion for an Order Approving Procedure Waiving Proof of Claim Form Requirement for Claims Submitted by Medical Provider Claimants is hereby **granted**.

B. The Receiver is hereby authorized to direct its third party administrator to establish the method for the electronic submission of claims from medical provider claimants.

C. The Receiver is hereby authorized to provide notices to the approximately 27,000 potential medical provider claimants with instructions on how to file medical provider claims through the Receiver's third party administrator.


D. The Receiver is hereby authorized to waive its requirement of the submission of a Proof of Claim form from a medical provider claimant if the claimant submits medical claims in the FHCP estate in accordance with the instructions contained in the notice of instructions that is sent to the medical provider claimant.

E. The Receiver is hereby authorized to direct its third party administrator to consider any claim from a medical provider claimant that supports a billing entity/payee master claim submitted to the third party administrator filed as part of the billing entity/payee master claim.

F. The Receiver is hereby authorized to direct its third party administrator to determine which medical provider claims are submitted by the December 31, 2015, claims filing deadline. Any medical provider claims submitted to the Receiver's third party administrator by the December 31, 2015, claims filing deadline will be considered timely filed. Any medical provider claims submitted to the Receiver's third party administrator after the December 31, 2015, claims filing deadline will be considered late filed.

G. The Receiver is hereby directed to report the claims of medical provider claimants in accordance with the provisions of section 631.182, Florida Statutes.

DONE and ORDERED in Chambers at the Leon County Courthouse in Tallahassee, Leon County, Florida this 30 day of October, 2015.



GEORGE S. REYNOLDS, III
CIRCUIT JUDGE

*Copies to counsel for
all parties.*