

CHAPTER 40. HEALTH MAINTENANCE ORGANIZATION (HMO)

SUBCHAPTER 3. FINANCIAL

PART 3. HOLDING COMPANY SYSTEM

365:40-3-14. Prior approval pursuant to 36 O.S. § 6903(C)

(a) Pursuant to 36 O.S. § 6903(D), the prior written approval of the Insurance Commissioner shall be required for amendments or modifications to items required by 36 O.S. § 6903(C)(4), (5), (6), and (11). Requests for prior written approval shall be submitted electronically in the manner and format prescribed by the Commissioner, and in accordance with any instructions, set forth on the Oklahoma Insurance Department website.

(b) Requests for prior written approval of items required by 36 O.S. § 6903(C)(4) and (11) shall be made on the HMO Form D as set forth in Appendix D of this Chapter. Pursuant to O.A.C. 365:40-3-12, an Amended Registration Statement (HMO Form B) shall be filed for all items approved by the Insurance Commissioner.

(c) Requests for prior written approval of items required by 36 O.S. § 6903(C)(5) and (6) shall be submitted to the Rate and Form Compliance Division of the Oklahoma Insurance Department. Pursuant to Section 365:40-3-12, an Amended Registration Statement (HMO Form B) shall be filed for all items approved by the Insurance Commissioner.

(d) Nothing in this section shall supersede approvals granted under other sections of this title or transactions occurring prior to July 14, 2010.

365:40-3-15. Notice of amendments or modifications pursuant to 36 O.S. § 6903(C)

Pursuant to 36 O.S. § 6903(D), amendments or modifications to the items required by 36 O.S. § 6903(C)(1), (2), (3), (7), (8), (9), (10), (12), (13) and (14) shall be included in the Amendments to Registration Statements and shall be made on HMO Form B as set forth in Appendix B of this Chapter on the Oklahoma Insurance Department website.

365:40-3-16. Redomestication

(a) Any HMO which is organized under the laws of any other state and is admitted to do business in this state for the purpose of transacting business of a health maintenance organization may become a domestic HMO by complying with all of the requirements of law relative to the organization and licensing of a domestic HMO and by designating its principal place of business at a location in this state. Said domestic HMO will be entitled to like certificates and licenses to transact business in this state and shall be subject to the authority and jurisdiction of this state.

(1) The Insurance Commissioner shall approve an HMO's application to redomesticate unless he finds that:

(A) the HMO cannot comply with all the requirements of law relative to the organization and licensing of a domestic HMO,

(B) after redomestication, the HMO would not be able to satisfy the requirements for the issuance of a license to conduct business as an HMO in this State,

(C) the effect of the redomestication would be substantially to lessen competition in this state or tend to create a monopoly therein,

(D) the financial condition of the HMO is such as might jeopardize or prejudice the interest of its enrollees, members or subscribers or this state and is not in the public interest, or

(E) the competence, experience and integrity of those persons who control the operation of the HMO are such that it would not be in the interest of the enrollees, members, subscribers, the public or the state to permit the domestication.

(2) The HMO's application to redomesticate shall contain information acceptable to the Insurance Commissioner concerning its financial condition, its plan of operation for the succeeding three (3) years, and information concerning the competence, experience and integrity of those persons who control the operation of the HMO.

(3) The application for redomestication shall be deemed approved unless the Insurance Commissioner has, within thirty (30) days after the filing of a complete redomestication application, entered his order disapproving the redomestication.

(b) Any domestic HMO may, upon the approval of the Insurance Commissioner, transfer its domicile to any other state in which it is admitted to transact the business of an HMO, and upon such a transfer, shall cease to be a domestic HMO, and shall be admitted to this state if qualified as a foreign HMO. The Insurance Commissioner shall approve any such proposed transfer unless he shall determine such transfer is not in the interest of the enrollees, members and subscribers of this state.

(c) The certificate of authority, agents appointments and licenses, rates, and other items which the Insurance Commissioner allows, in his discretion, which are in existence at the time any HMO licensed to transact the business of an HMO in this state transfers its corporate domicile to this or any other state by merger, consolidation or any other lawful method shall continue in full force and effect upon such transfer if such insurer remains duly qualified to transact the business of an HMO in this state. All outstanding group or individual contracts of any transferring HMO shall remain in full force and effect and need not be endorsed as to the new name of the company or its new location unless so ordered by the Insurance Commissioner. Every transferring HMO shall file new

group or individual contract forms with the Insurance Commissioner on or before the effective date of the transfer, but may use existing group or individual contract forms with appropriate endorsements if allowed by, and under such conditions as approved by the Insurance Commissioner. However, every such transferring HMO shall notify the Insurance Commissioner of the details of the proposed transfer, and shall file promptly, any resulting amendments to corporate documents required to be filed with the Insurance Commissioner.

(d) Applications for redomestication to this State shall be made by the filing of an HMO Form R as set forth ~~in Appendix F of this Chapter~~ on the Oklahoma Insurance Department website.

365:40-3-17. Forms: general requirements

(a) **Forms A, B, C, D, E and R.** HMO Forms A, B, C, D, E and R, as set forth ~~in Appendices A, B, C, D, E, and F of this Chapter~~ on the Oklahoma Insurance Department website, are intended to be guides in the preparation of the statements required by Article 16A of Title 36, Section 6930 of Title 36 and O.A.C. 365:40-3-12, 13 and 16. They are not intended to be blank forms that are to be filled in. The statements filed shall contain the numbers and captions of all items, but the text of the items may be omitted provided the answers thereto are prepared in such a manner as to indicate clearly the scope and coverage of the items. All instructions, whether appearing under the items of the form or elsewhere therein, are to be omitted. Unless expressly provided otherwise, if any item is inapplicable, or the answer thereto is in the negative, an appropriate statement to that effect shall be made.

(b) **Filing statements.** Statements shall be filed electronically in the form and manner prescribed by the Commissioner, and in accordance with any instructions set forth, on the Department's website. -Third-party verifications sent by the third party may be filed electronically. A copy of an HMO Form B and HMO Form C shall be filed in each state in which an HMO is authorized to do business, if the HMO authority of that state has notified the HMO of its request in writing, in which case the HMO has thirty (30) days from receipt of the notice to file such form. Appropriate electronic signatures are permitted. The Commissioner may request a wet signature at his or her discretion. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the statement.

(c) **Format of statements.** Electronic statements shall meet all technical requirements of the Commissioner. All copies of any statement, financial statements, or exhibits shall be clear, easily readable and suitable for reproduction. Debits in credit categories and credits in debit categories shall be designated so as to be clearly distinguishable as such on copies. Statements shall be in the English language, and monetary values shall be stated in United States Currency. If any exhibit or other paper or document filed with the statement is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States Currency.

365:40-3-18. Forms: incorporation by reference, summaries and omissions

(a) **Incorporated by reference.** Information required by an item of HMO Forms A, B, D, E, or R as set forth ~~in Appendices A, B, D, E and F of this Chapter~~ on the Oklahoma Insurance Department website may be incorporated by reference in answer or partial answer to any other item. Information contained in any financial statement, annual report, proxy statement, statement filed with a governmental authority, or any other document may be incorporated by reference in answer or partial answer to any item of HMO Forms A, B, D, E or R provided such document or paper is filed as an exhibit to the statement. Excerpts of documents may be filed as exhibits if the documents are extensive. Documents currently on file with the Insurance Commissioner that were filed within three (3) years need not be attached as exhibits. References to information contained in exhibits or in documents already on file shall clearly identify the material and shall specifically indicate that such material is to be incorporated by reference in answer to the item. Matters shall not be incorporated by reference in any case where such incorporation would render the statement incomplete, unclear or confusing.

(b) **Summary or outline of document.** Where an item requires a summary or outline of the provisions of any document, only a brief statement shall be made as to the pertinent provisions of the document. In addition to such statement, the summary or outline may incorporate by reference particular parts of any exhibit or document currently on file with the Insurance Commissioner that was filed within three years and may be qualified in its entirety by such reference. In any case where two or more documents required to be filed as exhibits are substantially identical in all material respects except as to the parties thereto, the dates of execution, or other details, a copy of only one of such documents is required to be filed with a schedule identifying the omitted documents and setting forth the material details in which the omitted documents differ from the documents filed.

(c) **Forms: additional information and exhibits.** In addition to the information expressly required to be included in HMO Forms A, B, C, D, E and R, ~~as set forth in Appendices A, B, C, D, E and F of this Chapter~~, the Insurance Commissioner may request such further material information, if any, as may be necessary to make the information contained therein not misleading. The person filing may also file such exhibits as he/she may desire in addition to those expressly required by the statement. Such exhibits shall be so marked as to indicate clearly the subject matters to which they refer. Changes to HMO Forms A, B, C, D, E or R, ~~as set forth in Appendices A, B, C, D, E and F of this Chapter~~, shall include on the top of the cover page the phrase: "Change Number [insert number] to" and shall indicate the date of the change and not the date of the original filing.

365:40-3-19. Acquisition of control; statement filing (HMO Form A)

(a) **HMO Form A.** A person required to file a statement pursuant to Section 6930 of the HMO Act and Section 1653 of the Holding Company Act shall furnish the required information on HMO Form A, ~~hereby made a part of this section, as set forth in Appendix A~~

of this Chapter on the Oklahoma Insurance Department website. Such person shall also furnish the required information on HMO Form E, as set forth in Appendix E of this Chapter on the Oklahoma Insurance Department website.

(b) **Amendments to applications.** The applicant shall promptly advise the Commissioner of any changes in the information so furnished on HMO Form A arising subsequent to the date upon which such information was furnished, but prior to the Commissioner's disposition of the application.

(c) **Identification of Section 6930/Section 1653(a) Health Maintenance Organizations.**

(1) **Domestic HMO name.** The name of the domestic HMO on the cover page of an HMO Form A should be indicated as follows: "ABC HMO, a subsidiary of XYZ Holding Company."

(2) **Reference to subsidiary HMO and person being acquired.** Where an HMO is being acquired, references to "the HMO" contained in HMO Form A (~~Appendix A of this Chapter~~) shall refer to both the domestic subsidiary HMO and the person being acquired.

365:40-3-20. Pre-acquisition notification

If a domestic HMO, including any person controlling a domestic HMO, is proposing a merger or acquisition pursuant to Section 6930 of the HMO Act and Section 1653(a) of the Holding Company Act, that person shall file a preacquisition notification form, HMO Form E, as set forth in Appendix E of this Chapter on the Oklahoma Insurance Department website. In addition to the information required by HMO Form E, the Commissioner may require an expert opinion as to the competitive impact of the proposed acquisition.

365:40-3-21. Annual registration of HMOs; statement filing (HMO Form B)

(a) **HMO Form B.** An HMO filing an annual registration statement pursuant to O.A.C. 365:40-3-12 shall furnish the required information on HMO Form B as set forth in Appendix B of this Chapter on the Oklahoma Insurance Department website.

(b) **Summary registration.** An HMO filing an annual registration statement pursuant to O.A.C. 365:40-3-12 is also required to furnish information required on HMO Form C, as set forth in Appendix C of this Chapter on the Oklahoma Insurance Department website. An HMO shall file a copy of HMO Form C in each state in which the HMO is authorized to do business, if requested by the HMO authority/agency of that state.

(c) **Amendments to HMO Form B.**

(1) **15 day amendments.** An amendment to HMO Form B (~~Appendix B of this Chapter~~) as set forth on the Oklahoma Insurance Department website shall be filed within 15 days after the end of any month in which there is a material change to the information provided in the annual registration statement.

(2) **Filing date amendments.** Amendments shall be filed in the HMO Form B format, as set forth in Appendix B of this Chapter on the Oklahoma Insurance Department website, with only those items which are being amended and reported. Each amendment shall include at the top of the cover page "Amendment No. [insert number] to HMO Form B for [insert year]" and shall indicate the date of the change and not the date of the original filing.

(d) **Alternative and consolidated registrations.**

(1) **Registration statement for affiliates.** Any authorized HMO may file a registration statement on behalf of any affiliated HMO or HMOs which are required to register under Section 365:40-3-12. A registration statement may include information not required by the Holding Company Act regarding any HMO in the insurance holding company system even if such HMO is not authorized to do business in this State. In lieu of filing a registration statement on HMO Form B (~~Appendix B of this Chapter~~) as set forth on the Oklahoma Insurance Department website, the authorized HMO may file a copy of the registration statement or similar report which it is required to file in its State of domicile, provided:

(A) the statement or report contains substantially similar information required to be furnished on HMO Form B; and

(B) the filing HMO is the principal company in the insurance holding company system.

(2) **Principal company in holding company.** The question of whether the filing HMO is the principal company in the insurance holding system is a question of fact and an HMO filing a registration statement or reporting in lieu of HMO Form B (~~Appendix B of this Chapter~~) on behalf of an affiliated HMO, shall set forth a brief statement of facts which will substantiate the filing HMO's claim that it, in fact, is the principal HMO in the insurance holding company system.

(3) **Section 365:40-3-12(f) or (g).** Any HMO may take advantage of the provisions of Section 365:40-3-12(f) or (g) without obtaining the prior approval of the Insurance Commissioner. The Insurance Commissioner, however, reserves the right to require individual filings if he/she deems such filings necessary in the interest of clarity, ease of administration or the public good.

(e) **Disclaimers and termination of registration.**

(1) **Disclaimer of affiliation.** A disclaimer of affiliation or a request for termination of registration claiming that a person does not, or will not upon the taking of some proposed action, control another person (hereinafter referred to as the "subject") shall contain the following information:

(A) the number of authorized, issued and outstanding voting securities of the subject.

(B) with respect to the person whose control is denied and all affiliates of such person, the number and percentage of shares of the subject's voting securities which are held of record or known to be beneficially owned, and the number of shares concerning which there is a right to acquire, directly or indirectly.

(C) all material relationships and bases for affiliation between the subject and the person whose control is denied and all affiliates of such person.

(D) a statement explaining why such person should not be considered to control the subject.

(2) **Termination of registration.** A request for termination of registration shall be deemed to have been granted unless the Insurance Commissioner notifies the registrant otherwise within 30 days after receipt of the request.

SUBCHAPTER 5. LIFE, ACCIDENT & HEALTH DIVISION AND CONSUMER ASSISTANCE AND CLAIMS DIVISION RULES

PART 19. REQUEST FOR ASSISTANCE AND PROMPT PAY FORMS

365:40-5-101. Prompt Pay Form and requirements

The Prompt Pay Form as set forth in ~~Appendix G of this Chapter~~ on the Oklahoma Insurance Department website, shall be used in reporting violations of the prompt pay requirements. The person filing the form shall submit the original form to the Consumer Assistance and Claims Division of the Department and a copy to the entity accused of the prompt pay violation named in the form.

APPENDIX A. HMO FORM A [REVOKED]

Figure 1

OKLAHOMA INSURANCE DEPARTMENT
HOLDING COMPANY SYSTEM ACQUISITION STATEMENT

HMO FORM A

STATEMENT REGARDING THE
ACQUISITION OF CONTROL OF OR MERGER WITH A
HEALTH MAINTENANCE ORGANIZATION (HMO)

Name of HMO
by

Name of Acquiring Person (Applicant)

FILED WITH

THE INSURANCE COMMISSIONER
FOR THE STATE OF OKLAHOMA

Dated: _____, 20____

Name, Title, Address and Telephone Number of Individual to Whom Notices and
correspondence Concerning This Statement Should Be Addressed:

ITEM 1. HMO and Method of Acquisition
State the name and address of the HMO to which this application relates and a brief
description of how control is to be acquired.

ITEM 2. Identity and Background of the Applicant
(a) State the name and address of the applicant seeking to acquire control over the HMO.
(b) If the applicant is not an individual, state the nature of its business operation for the
past five years or for such lesser period as such person and any predecessors thereof shall
have been in existence. State whether or not the applicant has ever been convicted of any
felony or of a misdemeanor involving moral turpitude, dishonesty, or breach of trust,
during its existence, and any administrative discipline imposed on the applicant during
the past ten (10) years and, if so, give the date, nature of conviction or administrative

Figure 2

order, name and location of court or administrative agency or board, and penalty imposed or other disposition of the case. Briefly describe the business intended to be done by the applicant and the applicant's subsidiaries.

(c) Furnish a chart or listing clearly presenting the identities of the inter-relationships among the applicant and all affiliates of the applicant. No affiliate need be identified if its total assets are equal to less than 1/2 of 1% of the total assets of the ultimate controlling person affiliated with the applicant. Indicate in such chart or listing the percentage of voting securities of each such person which is owned or controlled by the applicant or by any other such person. If control of any person is maintained, other than by the ownership or control of voting securities, indicate the basis for such control. As to each person specified in such chart or listing, indicate the type of organization (e.g. corporation, trust, partnership) and the state or other jurisdiction of domicile. If court proceedings looking toward a reorganization or liquidation are pending with respect to any such person, indicate which person, and set forth the title of the court, nature of proceedings and the date when commenced.

ITEM 3. Identity and Background of Individuals Associated with the Applicant

State the following with respect to (1) the applicant if (s)he is an individual or (2) all persons who are directors, executive officers or owners of 10% or more of the voting securities of the applicant if the applicant is not an individual:

- (a) Name and business address;
- (b) Present principal business activity, occupation or employment including position and office held and the name, principal business and address of any corporation or other organization in which such employment is carried on;
- (c) Material occupations, positions, offices or employments during the last five years, giving the starting and ending dates of each and the name, principal business and address of any business corporation or other organization in which each such occupation, position, office or employment was carried on; if any such occupation, position, office or employment required licensing by or registration with any federal, state or municipal governmental agency, indicate such fact, the current status of such licensing or registration, and an explanation of any surrender, revocation, suspension or disciplinary proceedings in connection therewith;
- (d) Whether or not such person has ever been convicted of any felony or of a misdemeanor involving moral turpitude, dishonesty, or breach of trust, during his or her lifetime, and if so, the date, nature of conviction, name and location of court, and penalty imposed or other disposition of the case.
- (e) Whether or not such person has ever been convicted in a criminal proceeding (excluding minor traffic violations) or any administrative discipline during the last ten years and, if so, give the date, nature of conviction or administrative order, name and location of court or administrative agency or board, and penalty imposed or other disposition of the case.

ITEM 4. Nature, source and amount of consideration

- (a) Describe the nature, source and amount of funds or other considerations used or to be used in effecting the merger or other acquisition of control. If any part of the same is represented or is to be represented by funds or other consideration borrowed or otherwise

Figure 3

obtained for the purpose of acquiring, holding, or trading securities, furnish a description of the transaction, the names of the parties thereto, the relationship, if any, between the borrower and the lender, the amounts borrowed or to be borrowed, and copies of all agreements, promissory notes and security arrangements relating thereto.

(b) Explain the criteria used in determining the nature and amount of such consideration.

(c) If the source of the consideration is a loan made in the lender's ordinary course of business and if the applicant wishes the identity to remain confidential, he must specifically request that the identity be kept confidential.

ITEM 5. Future plans for HMO

Describe any plans or proposals which the applicant may have to declare an extraordinary dividend, to liquidate such HMO, to sell its assets to or merge it with any person or persons or to make any other material change in its business operations or corporate structure or management.

ITEM 6. Voting securities to be acquired

State the number of shares of the HMO's voting securities which the applicant, its affiliates and any person listed in Item 3 plan to acquire, and the terms of the offer, request, invitation, agreement or acquisition, and a statement as to the method by which the fairness of the proposal was arrived at.

ITEM 7. Ownership of voting securities

State the amount of each class of any voting security of the HMO which is beneficially owned or concerning which there is a right to acquire beneficial ownership by the applicant, its affiliates or any person listed in Item 3.

ITEM 8. Contracts, arrangements or understandings with respect to voting securities of the HMO

Give a full description of any contracts, arrangements or understandings with respect to any voting security of the HMO in which the applicant, its affiliates or any person listed in Item 3 is involved, including, but not limited to, transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits, or the giving or withholding of proxies. Such description shall identify the persons with whom such contracts, arrangements or understandings have been entered into.

ITEM 9. Recent purchases of voting securities

Describe any purchases of any voting securities of the HMO by the applicant, its affiliates or any person listed in Item 3 in the 12 calendar months preceding the filing of this Statement. Include in such description the dates of purchase, the names of the purchasers, and the consideration paid or agreed to be paid therefor. State whether any such shares so purchased are hypothecated.

ITEM 10. Recent recommendations to purchase

Describe any recommendations to purchase any voting security of the HMO made by the

Figure 4

applicant, its affiliates or any person listed in Item 3, or by anyone based upon interviews or at the suggestion of the applicant, its affiliates or any person listed in Item 3 during the 12 calendar months preceding the filing of this Statement.

ITEM 11. Agreements with broker-dealers

Describe the terms of any agreement, contract or understanding made with any broker-dealer as to solicitation of voting securities of the HMO for tender, and the amount of any fees, commissions or other compensation to be paid to broker-dealers with regard thereto.

ITEM 12. Financial statements and exhibits

(a) Financial statements and exhibits shall be attached to this Statement as an appendix, but list under this item the financial statements and exhibits so attached.

(b) The financial statements shall include the annual financial statements of the persons identified in Item 2 for the preceding five fiscal years (or for such lesser period as such applicant and its affiliates and any predecessors thereof shall have been in existence), and similar information covering the period from the end of such person's last fiscal year, if such information is available. Such statements may be prepared on either an individual basis, or, unless the Commissioner otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business. The annual financial statements of the applicant shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the applicant and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the applicant is an HMO which is actively engaged in the business, the financial statements need not be certified, provided they are based on the Annual Statement of such person filed with the regulatory department of the person's domiciliary State and are in accordance with the requirements of the NAIC Accounting Practices and Procedures Manual or other accounting principles prescribed or permitted under the law and regulations of such state.

(c) File as exhibits copies of all tender offers for, requests or invitations for, tenders of, exchange offers for, and agreements to acquire or exchange any voting securities of the HMO and (if distributed) of additional soliciting material relating thereto; any proposed employment, consultation, advisory or management contracts concerning the HMO; annual reports to the stockholders of the HMO and the applicant for the last two fiscal years; and any additional documents or papers required by HMO Form A or regulation Section 365:25-7-6.

ITEM 13. Signature and certification

Signature and certification required as follows:

SIGNATURE

Pursuant to the requirements of Section 1653 of the Holding Company Act and Section 6930 of the HMO Act, _____ has caused this application to be duly signed on its behalf, in the City of _____ and State of _____ on the _____ day of _____, 20____.

Figure 5

(SEAL)

Name of Applicant
BY: _____
(Name)

(Title)

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached application dated _____, 20____, for and on behalf of _____; and that (s)he is the _____
(Name of Applicant)

_____ of such company and that (s)he is authorized _____
(Title of Officer)

to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Type or print name beneath)

Sworn to and subscribed before me this ____ day of ____, 20__ by _____

Notary Public

My Commission Expires: _____
(SEAL)

APPENDIX B. HMO FORM B [REVOKED]

Figure 1

OKLAHOMA INSURANCE DEPARTMENT
HOLDING COMPANY SYSTEM REGISTRATION STATEMENT

HMO FORM B

OKLAHOMA HOLDING COMPANY SYSTEM
ANNUAL REGISTRATION STATEMENT

Filed with the Insurance Commissioner for
the State of Oklahoma.

BY

Name of Registrant

On Behalf of the Following Health Maintenance Organizations (HMO)

Name(s) Address(es)

Date: _____, 20____

Name, Title, Address and Telephone Number of Individual to Whom Notices and
Correspondence Concerning This Statement Should Be Addressed:

ITEM 1. Identity and control of registrant

Furnish the exact name of each HMO registering or being registered (hereinafter called "the Registrant"), the home office address and principal executive offices of each; the date on which each Registrant became part of the holding company system; and the method(s) by which control of each Registrant was acquired and is maintained.

ITEM 2. Organizational chart

Figure 2

Furnish a chart or listing clearly presenting the identities of and interrelationships among all affiliated persons within the holding company system. No affiliate need be shown if its total assets are equal to less than 1/2 of 1% of the total assets of the ultimate controlling person within the holding company system unless it has assets valued at or exceeding \$250,000. The chart or listing should show the percentage of each class of voting securities of each affiliate, which is owned, directly or indirectly, by another affiliate. If control of any person within the system is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate the type of organization (e.g., corporation, trust, partnership) and the state or other jurisdiction of domicile.

ITEM 3. The ultimate controlling person

As to the ultimate controlling person in the holding company system furnish the following information:

- (a) Name.
- (b) Home office address.
- (c) Principal executive office address.
- (d) The organizational structure of the person, i.e., corporation, partnership, individual, trust, etc.
- (e) The principal business of the person.
- (f) The name and address of any person who holds or owns 10% or more of any class of voting security, the class of such security, the number of shares held of record or known to be beneficially owned, and the percentage of class so held or owned.
- (g) If court proceedings looking toward a reorganization or liquidation are pending, indicate the title and location of the court, the nature of proceedings and the date when commenced.

ITEM 4. Biographical information.

Furnish the following information for the directors and executive officers of the ultimate controlling person: the individual's name and address, his principal occupation and all offices and positions held during the past five years, and any conviction of crimes other than minor traffic violations during the past ten years.

ITEM 5. Transactions, relationships and agreements

Briefly describe the following agreements in force, and transactions currently outstanding or which have occurred during the last calendar year between the Registrant and its affiliates:

- (a) loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the Registrant or of the Registrant by its affiliates;
- (b) purchases, sales or exchanges of assets;
- (c) transactions not in the ordinary course of business;
- (d) guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the Registrant's assets to liability, other than contracts entered into in the ordinary course of the Registrant's business;

Figure 3

(e) all management agreements, service contracts and all cost-sharing arrangements;

(f) reinsurance agreements;

(g) dividends and other distributions to shareholders;

(h) consolidated tax allocation agreements; and

(i) any pledge of the Registrant's stock and/or of the stock of any subsidiary or controlling affiliate, for a loan made to any member of the holding company system.

No information need be disclosed if such information is not material for purposes of O.A.C. 365:40-3-12. Sales, purchases, exchanges, loans or extensions of credit, investments or guarantees involving one-half of 1% or less of the Registrant's admitted assets as of the 31st day of December next preceding shall not be deemed material. The description shall be in a manner as to permit the proper evaluation thereof by the Commissioner, and shall include at least the following: the nature and purpose of the transaction; the nature and amount of any payments or transfers of assets between the parties; the identity of all parties to such transaction; and the relationship of the affiliated parties to the Registrant.

ITEM 6. Litigation or administrative proceedings

A brief description of any litigation or administrative proceedings of the following types, either then pending or concluded within the preceding fiscal year, to which the ultimate controlling person or any of its directors or executive officers was a party or of which the property of any such person is or was the subject; give the names of the parties and the court or agency in which such litigation or proceeding is or was pending:

(a) Criminal prosecutions or administrative proceedings by any government agency or authority which may be relevant to the trustworthiness of any party thereto; and

(b) Proceedings which may have a material effect upon the solvency or capital structure of the ultimate holding company including, but not necessarily limited to, bankruptcy, receivership or other corporate reorganizations.

ITEM 7. Statement regarding plan or series of transactions

The HMO shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions, the purpose of which is to avoid statutory threshold amounts and the review that might otherwise occur.

ITEM 8. Financial statements and exhibits

(a) Financial statements and exhibits should be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.

(b) The financial statements shall include the annual financial statements of the ultimate controlling person in the holding company system as of the end of the person's latest fiscal year. If at the time of the initial registration, the annual financial statements for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information shall be filed for any subsequent period to the

Figure 4

extent such information is available. Such financial statements may be prepared on either an individual basis, or unless the Commissioner otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business. Unless the Commissioner otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the ultimate controlling person and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of the NAIC Accounting Practices and Procedures Manual or other accounting principles prescribed or permitted under law. If the ultimate controlling person is an HMO which is actively engaged in the business, the annual financial statements need not be certified, provided they are based on the Annual Statement of such HMO filed with the regulatory department of the HMO's domiciliary State and are in accordance with requirements of the NAIC Accounting Practices and Procedures Manual or other accounting principles prescribed or permitted under the law and regulations of such state.

(c) Exhibits shall include copies of the latest annual reports to shareholders of the ultimate controlling person and proxy material used by the ultimate controlling person; and any additional documents or papers required by HMO Form B or O.A.C. 365:40-3-15.

ITEM 9. Information in the Application for Certificate of Authority

Amendments or modifications to the items required by O.A.C. 365:40-3-14 must be filed with HMO Form B.

ITEM 10. Form C required

An HMO Form C, Summary of Registration Statement, must be prepared and filed with this HMO Form B.

ITEM 11. Signature and certification

Signature and certification required as follows:

SIGNATURE

Pursuant to the requirements of O.A.C. 365:40-3-12, the Registrant has caused this annual registration statement to be duly signed on its behalf in the City of _____ and State of _____ on the ____ day of _____, 20 ____.

(SEAL)

Name of Registrant
BY _____
(Name)

(Title)

Figure 5

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached annual registration statement dated _____, 20____, for and on behalf of _____; that (s)he is the _____

(Name of Company)

(Title of Officer)

of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Type or print name beneath)

APPENDIX C. HMO FORM C [REVOKED]

Figure 1

SUMMARY OF REGISTRATION STATEMENT

HMO FORM C

OKLAHOMA HOLDING COMPANY
SUMMARY OF REGISTRATION STATEMENT

Filed with the Insurance Commissioner for
the State of Oklahoma.

BY _____

Name of Registrant

On Behalf of the Following Health Maintenance Organizations (HMO)

Name(s)

Address(es)

Date: _____, 20____

Name, Title, Address and Telephone Number of Individual to
Whom Notices and Correspondence Concerning This Statement
Should Be Addressed:

Furnish a brief description of all items in the current annual registration statement, which represent changes from the prior year's annual registration statement. The description shall be in a manner as to permit the proper evaluation thereof by the Commissioner, and shall include specific references to Item numbers in the annual registration statement and to the terms contained therein.

Changes occurring under Item 2 of HMO Form B insofar as changes in the percentage of each class of voting securities held by each affiliate is concerned, need only be included where such changes are ones which result in ownership or holdings of 10 percent or more of voting securities, loss or transfer of control, or acquisition or loss of partnership interest.

Figure 2

Changes occurring under Item 4 of HMO Form B need only be included where: an individual is, for the first time, made a director or executive officer of the ultimate controlling person; a director or executive officer terminates his or her responsibilities with the ultimate controlling person; or in the event an individual is named president of the ultimate controlling person.

If a transaction disclosed on the prior year's annual registration statement has been changed, the nature of such change shall be included. If a transaction disclosed on the prior year's annual registration statement has been effectuated, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.

The HMO shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose it is to avoid statutory threshold amounts and the review that might otherwise occur.

SIGNATURE AND CERTIFICATION

Signature and certification required as follows:

SIGNATURE

Pursuant to the requirements of O.A.C. 365:40-3-12, the Registrant has caused this summary of registration statement to be duly signed on its behalf in the City of _____ and State of _____ on the ____ day of _____, 20____.

(SEAL)

Name of Registrant
BY _____
(Name)

(Title)

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached summary of registration statement dated _____, 20____, for and on behalf of _____; that (s)he is the _____ of such (Name of Company) (Title of Officer)

Figure 3

company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.
(Signature)

(Type or print name beneath)

APPENDIX D. HMO FORM D [REVOKED]

Figure 4

PRIOR NOTICE OF A TRANSACTION

HMO FORM D

OKLAHOMA HOLDING COMPANY
PRIOR NOTICE OF A TRANSACTION

Filed with the Insurance Commissioner for
the State of Oklahoma.

BY _____

Name of Registrant
On Behalf of the Following Health Maintenance Organizations (HMO)
Name(s) and Address(es)

Date: _____, 20____
Name, Title, Address and Telephone Number of Individual to
Whom Notices and Correspondence Concerning This Statement
Should Be Addressed:

ITEM 1. Identity of parties to transaction

Furnish the following information for each of the parties to the transaction:

- (a) Name.
- (b) Home office address.
- (c) Principal executive office address.
- (d) The organizational structure, i.e. corporation, partnership, individual, trust, etc.
- (e) A description of the nature of the parties' business operations.
- (f) Relationship, if any, of other parties to the transaction to the HMO filing the notice, including any ownership or debtor/creditor interest by any other parties to the transaction in the HMO seeking approval, or by the HMO filing the notice in the affiliated parties.
- (g) Where the transaction is with a non-affiliate, the name(s) of the affiliate(s), which will receive, in whole or in substantial part, the proceeds of the transaction.

Figure 2

ITEM 2. Description of the transaction

Furnish the following information for each transaction for which notice is being given:

- (a) A statement as to whether notice is being given under O.A.C. 365:40-3-14(b).
- (b) A statement of the nature of the transaction.
- (c) The proposed effective date of the transaction.

ITEM 3. Sales, purchases, exchanges, loans, extensions of credit, guarantees or investments

Furnish a brief description of the amount and source of funds, securities, property or other consideration for the sale, purchase, exchange, loan, extension of credit, guarantee, or investment, whether any provision exists for purchase by the HMO filing notice, by any party to the transaction, or by any affiliate of the HMO filing notice, a description of the terms of any securities being received, if any, and a description of any other agreements relating to the transaction such as contracts or agreements for services, consulting agreements and the like. If the transaction involves other than cash, furnish a description of the consideration, its cost and its fair market value, together with an explanation of the basis for evaluation.

If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount, which the HMO will be obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual of or deferral of interest. If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment, guarantee or other arrangement will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements. Furnish a brief statement as to the effect of the transaction upon the HMO's surplus. No notice need be given if the maximum amount which can at any time be outstanding or for which the HMO can be legally obligated under the loan, extension of credit or guarantee is less than, as of the 31st day of December next preceding, the lesser of 3% of the HMO's admitted assets or 25% of surplus as regards policyholders.

ITEM 4. Loans or extensions of credit to a non-affiliate

If the transaction involves a loan or extension of credit to any person who is not an affiliate, furnish a brief description of the agreement or understanding whereby the proceeds of the proposed transaction, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase the assets of, or to make investments in, any affiliate of the HMO making such loans or extensions of credit, and specify in what manner the proceeds are to be used to loan to, extend credit to, purchase assets of or make investments in any affiliate. Describe the amount and source of funds, securities, property or other consideration for the loan or extension of credit and, if the transaction is one involving consideration other than cash, a description of its cost and its fair market value together with an explanation of the basis for evaluation. Furnish a brief statement as to the effect of the transaction upon the HMO's surplus. No notice need be given if the loan or extension of credit is one which equals less than the lesser of 3% of the HMO's admitted assets or 25% of capital and surplus.

Figure 3

ITEM 5. Reinsurance

If the transaction is a reinsurance agreement or modification thereto, as described by O.A.C. 365-40-3-13(b)(3)(B), furnish a description of the known and/or estimated amount of liability to be ceded and/or assumed in each calendar year, the period of time during which the agreement will be in effect, and a statement whether an agreement or understanding exists between the HMO and non-affiliate to the effect that any portion of the assets constituting the consideration for the agreement will be transferred to one or more of the HMO's affiliates. Furnish a brief description of the consideration involved in the transaction, and a brief statement as to the effect of the transaction upon the HMO's surplus. No notice need be given for reinsurance agreements or modifications thereto if the reinsurance premium or a change in the HMO's liabilities in connection with the reinsurance agreement or modification thereto is less than 5% of the HMO's capital and surplus as of the 31st day of December next preceding.

ITEM 6. Management agreements, service agreements and cost-sharing arrangements

For management and service agreements, furnish:

- (a) a brief description of the managerial responsibilities, or services to be performed.
- (b) a brief description of the agreement, including a statement of its duration, together with brief descriptions of the basis for compensation and the terms under which payment or compensation is to be made.

For cost-sharing arrangements, furnish:

- (a) a brief description of the purpose of the agreement.
- (b) a description of the period of time during which the agreement is to be in effect.
- (c) a brief description of each party's expenses or costs covered by the agreement.
- (d) a brief description of the accounting basis to be used in calculating each party's costs under the agreement.

ITEM 7. Information in the Application for Certificate of Authority

Subsequent to receiving its certificate of authority, the HMO must submit the information, modifications or amendments to the items 4-6 and 11 described in subsection C of Section 6903 of the Title 36 to the Insurance Commissioner for approval prior to the effectuation of the modification or amendment.

ITEM 8. Powers that may affect the financial soundness of an HMO

An HMO shall file notice, with adequate supporting information with the Insurance Commissioner prior to the exercise of any power granted in paragraphs 1, 2 or 4 of subsection A of Section 6903 of Title 36 that may affect the financial soundness of the HMO. No information need to be disclosed on the registration statement filed, if such information is not material for the purposes of this section. Unless the Commissioner by rule, regulation or order provides otherwise, sales purchases, exchanges, loans or extensions of credit, or investments, involving one-half of one percent (1/2 of 1%) or less of an insurer's admitted assets as of the 31st day of December next preceding shall not be deemed material for purposes of this section.

Figure 4

ITEM 9. Signature and certification

Signature and certification required as follows:

SIGNATURE

Pursuant to the requirements of O.A.C. 365-40-3-13, _____ has caused this notice to be duly signed on its behalf in the City of _____ and State of _____ on the ____ day of _____, 20____.

(SEAL)

Name of Applicant

BY _____

(Name)

(Title)

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached notice dated _____, 20____, for and on behalf of _____; _____ (Name of Applicant)

that (s)he is the _____ of such company and that (s)he is authorized to _____ (Title of Officer)

execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Type or print name beneath)

APPENDIX E. HMO FORM E [REVOKED]

Figure 1

**PRE-NOTIFICATION FORM
REGARDING THE POTENTIAL COMPETITIVE IMPACT
OF A PROPOSED MERGER OR ACQUISITION BY A
NON-DOMICILIARY HMO DOING BUSINESS IN THIS
STATE OR BY A DOMESTIC HMO**

Name of Applicant

Name of Other Person
Involved in Merger or
Acquisition

Filed with the Insurance Department of _____

Dated: _____, 20____.

Name, title, address and telephone number of person completing this statement:

ITEM 1. NAME AND ADDRESS

State the names and addresses of the persons who hereby provide notice of their involvement in a pending acquisition or change in corporate control.

ITEM 2. NAME AND ADDRESSES OF AFFILIATED COMPANIES

State the names and addresses of the persons affiliated with those listed in Item 1. Describe their affiliations.

ITEM 3. NATURE AND PURPOSE OF THE PROPOSED MERGER OR ACQUISITION

State the nature and purpose of the proposed merger or acquisition.

ITEM 4. NATURE OF BUSINESS

State the nature of the business performed by each of the persons identified in response to Item 1 and Item 2.

ITEM 5. MARKET AND MARKET SHARE

State specifically what market and market share in each relevant HMO market and persons identified in Item 1 and Item 2 currently enjoy in this state. Provide historical market and market share data for each person identified in Item 1 and Item 2 for the past

Figure 2

five years and identify the source of such data. For purposes of this question, market means direct written premium in this state for a line of business as contained in the annual statement required to be filed by insurers licensed to do business in this state.

NOTE: State Insurance Departments may additionally choose to make these calculations using their own data or data provided by the NAIC.

APPENDIX F. HMO FORM R [REVOKED]

Figure 1

OKLAHOMA INSURANCE DEPARTMENT
REDOMESTICATION APPLICATION

HMO FORM R

Statement Regarding The Redomestication Of

Name of HMO

FILED WITH

THE INSURANCE COMMISSIONER
FOR THE STATE OF OKLAHOMA

Dated: _____, 20____

Name, Title Address and Telephone Number of
Individual to Whom Notices and Correspondence
Concerning This Statement Should Be Addressed:

ITEM 1. Identity and background of the applicant.

(A) State the name and address of the applicant seeking to redomesticate.

(B) State the nature of applicant's business operations for the past five years or for such lesser period as such applicant and any predecessors thereof shall have been in existence.

(C) Furnish a chart or listing clearly presenting the identities of the interrelationships among the applicant and all affiliates of the applicant. No affiliate need be identified if its total assets are equal to less than 1/2 of 1% of the total assets of the ultimate controlling person affiliated with the applicant. Also indicate in such chart or listing the following information:

(i) The percentage of ownership of each such person, which is owned or controlled by the applicant or by any other such person.

(ii) If control of any person is maintained other than by the ownership or control of voting securities, indicate the basis of such control.

(iii) As to each person specified in such chart or listing, indicate the type of organization (e.g. corporation, trust, partnership);

(I) Describe the business it transacts; and

(II) List the state or other jurisdiction of domicile.

Figure 2

(iv) If court proceedings looking toward a reorganization or liquidation are pending with respect to any such person, indicate which person, and set forth the title of the court, nature of proceedings and the date when commenced.

ITEM 2. Identity and background of individuals associated with the applicant.

Provide the following with respect to each director and officer of the applicant; each director and officer of applicant's control person or persons; and each owner of 10% or more of the voting securities of the applicant and applicant's control person or persons:

(A) Name and business address;

(B) Present principal business activity, occupation or employment including position and office held and the name, principal business and address of any corporation or other organization in which such employment is carried on;

(C) Material occupations, positions, offices or employments during the last five years, giving the starting and ending dates of each and the name, principal business and address of any business corporation or other organization in which each such occupation, position, office or employment was carried on; if any such occupation, position, office or employment required licensing by or registration with any federal, state or municipal government agency, indicate such fact, the current status of such licensing or registration, and an explanation of any surrender, revocation, suspension or disciplinary proceedings in connection therewith;

(D) Whether or not such person has ever been convicted in a criminal proceeding (excluding minor traffic violations) during the last ten years and, if so, give the date, nature of conviction, name and location of court, and penalty imposed or other disposition of the case.

(E) Any other information as the Commissioner may deem necessary.

ITEM 3. Future plans of HMO.

(A) Describe any plans or proposals, which the applicant may have, to declare an extraordinary dividend, to liquidate such HMO, to sell its assets to or merge it with any person or persons or to make any other material change in its business operations or corporate structure or management.

(B) Provide a three year plan of operation which shall include but not be limited to marketing strategies by state, premium projections by state, information concerning proposed home or regional office locations and employment impact in Oklahoma.

ITEM 4. Regulatory history.

(A) If any entities listed in Item 1(C) of this Form are required to be licensed by or registered with any federal, state or municipal governmental agency indicate such fact, and indicate the current status of such licensure or registration, and provide an explanation of any surrender, revocation, suspension or disciplinary proceedings in connection therewith having occurred during the preceding 5 years or which is currently pending.

(B) If the applicant is required to be licensed by or registered with any federal, state or municipal governmental agency indicate such fact, and indicate the current status of such licensure or registration, and provide an explanation of any surrender, revocation,

Figure 3

suspension or disciplinary proceedings in connection therewith having occurred during the preceding 5 years or which is currently pending.

ITEM 5. Examination status.

Indicate the following:

- (A) Whether the applicant's domiciliary state, or any other state or jurisdiction in which the applicant is transacting the business of a health maintenance organization, is currently examining the applicant.
- (B) Whether the applicant's domiciliary state, or any other state or jurisdiction in which the applicant is transacting the business of a health maintenance organization has provided notice of intent to examine and if so provide an explanation regarding such proposed examination.
- (C) Provide detail as to the nature and type of examination listed in (A) and (B) of this paragraph.

ITEM 6. Rates and reserves.

Indicate the methodologies utilized by the applicant in establishing its rates and reserves. Also, provide the names, addresses, and professional qualifications of the individuals responsible for these functions. Specify if the individuals are outside consultants or employees of the applicant.

ITEM 7. Financial statements and other exhibits.

(A) Financial statements and exhibits shall be attached to this Statement as an appendix, but list under this item the financial statements and exhibits so attached.

(B) The financial statements shall include the following:

- (1) Annual and quarterly financial statements of the applicant for the preceding five years.
- (2) Annual financial statements of the person or persons who control the applicant pursuant to 36 O.S. § 1651(C) for the preceding three fiscal years (or for such lesser period as such person or persons and any predecessors thereof shall have been in existence), and similar information as of a date not earlier than ninety (90) days prior to the filing of the statement. Such financial statements need not be audited; except an audit may be required if the Commissioner determines an audit is necessary.

(C) File as exhibits copies of all proposed tender offers for, requests or invitations for, tenders of, exchange offers for, and agreements to acquire or exchange any voting securities of the HMO or of any ultimate controlling party or parties and (if distributed) of additional soliciting material relating thereto:

- (i) any proposed employment consultation, advisory or management contracts concerning the HMO;
- (ii) annual reports to the stockholders of the HMO and the ultimate controlling party or parties for the last two fiscal years; and
- (iii) any additional documents requested by the Commissioner.

(D) File as exhibits all examination reports, whether financial, organizational, market conduct or otherwise, issued within the past five (5) years by the applicant's domiciliary

Figure 4

state, or any other state or jurisdiction in which the applicant transacts the business of a health maintenance organization.

(E) File as exhibits copies of any documents relating to any final orders or agreements entered into between the applicant or its affiliate and any regulatory body as disclosed in (4) of this section.

(F) And any other information as the Commissioner may deem necessary.

ITEM 8. Signature and certification

Signature and certification required as follows:

SIGNATURE

Pursuant to the requirements of O.A.C. 365:40-3-16, _____ has caused this application to be duly signed on its behalf, in the City of _____ and State of _____ on the _____ day of _____, 20____.

(SEAL)

Name of Applicant

BY: _____

(Name)

(Title)

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached application dated _____, 20____, for and on behalf of

_____; and that (s)he is the

(Name of Applicant)

_____ of such company and that (s)he is authorized

(Title of Officer)

to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Type or print name beneath) _____

Figure 5

Sworn to and subscribed before me this ____ day of _____, 20____ by _____

Notary Public

My Commission Expires:

(SEAL)

APPENDIX G. PROMPT PAY FORM [REVOKED]

Figure 1

PROMPT PAY FORM																
Oklahoma Insurance Department P.O. Box 53488 2401 N.W. 23rd Suite 28 (73107) Oklahoma City, OK 73152-3488 (405) 521-2991 (800) 522-0071 Toll Free (In State Only) (405) 521-6623 Fax	NOTE: ENTITIES ACCUSED OF PROMPT PAY VIOLATIONS ARE REQUIRED TO SUBMIT DOCUMENTATION SUPPORTING THE REASON FOR DELAY IN PAYMENT OR PROOF OF PAYMENT TO THE OKLAHOMA INSURANCE DEPARTMENT WITHIN TEN (10) DAYS.															
FROM: _____ Telephone: _____ Address: _____ City & State: _____ Zip: _____																
Name of insured or member: _____ Telephone: _____ Address: _____ City & State: _____ Zip: _____																
Full Name of Entity accused of prompt pay violations: _____ Address: _____ City & State: _____ Zip: _____ Policy/Contract/Group Number or Name: _____ Dates Claims Originally Submitted: _____																
Please give as detailed information as possible including dates and explain what solution you feel is correct. Attach copies of all correspondence relating to the inquiry. Include the following information if available: 1) Provider PIN such as health plan/company ID/tax ID; 2) Member ID number; 3) Date of original claim filing; 4) Date of service; 5) Billed amount for the service; and 4) description of the service or CPT code involved. _____ _____ _____ _____																
(Continue on the back)																
COMPLAINANT MUST PROVIDE A COPY OF THIS COMPLETED FORM TO THE ENTITY ACCUSED OF PROMPT PAY VIOLATIONS AND THE OKLAHOMA INSURANCE DEPARTMENT SIMULTANEOUSLY.																
FOR INSURANCE DEPARTMENT USE ONLY <table border="1"><tr><td>Complainant Number _____</td><td>Chain Analyst _____</td><td>Date Entered _____</td></tr><tr><td>Complainant type _____</td><td>Complainant letter _____</td><td>Coverage _____ 1. _____ 2. _____ 3. _____</td></tr><tr><td>Entity number 1. _____ 2. _____ 3. _____</td><td>Reason for complaint 1. _____ 2. _____ 3. _____</td><td>Dispositions 1. _____ 2. _____ 3. _____</td></tr><tr><td>Entity type 1. _____ 2. _____ 3. _____</td><td>Inquirer _____</td><td>(If not same as shown above)</td></tr><tr><td>Entity function 1. _____ 2. _____ 3. _____</td><td></td><td></td></tr></table>		Complainant Number _____	Chain Analyst _____	Date Entered _____	Complainant type _____	Complainant letter _____	Coverage _____ 1. _____ 2. _____ 3. _____	Entity number 1. _____ 2. _____ 3. _____	Reason for complaint 1. _____ 2. _____ 3. _____	Dispositions 1. _____ 2. _____ 3. _____	Entity type 1. _____ 2. _____ 3. _____	Inquirer _____	(If not same as shown above)	Entity function 1. _____ 2. _____ 3. _____		
Complainant Number _____	Chain Analyst _____	Date Entered _____														
Complainant type _____	Complainant letter _____	Coverage _____ 1. _____ 2. _____ 3. _____														
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Entity type 1. _____ 2. _____ 3. _____	Inquirer _____	(If not same as shown above)														
Entity function 1. _____ 2. _____ 3. _____																