

**Dissolution Notice**  
**Columbia United Providers**

On April 22, 2016, Columbia United Providers filed Articles of Dissolution with the Washington Secretary of State and notified the Washington Office of the Insurance Commissioner. The dissolution of Columbia United Providers represents one of the final stages in the process for dissolving Columbia United Providers' business and affairs.

Paragraph 3 of the revised Code of Washington (RCW) section 23B.14.030 describes Columbia United Providers' duty to publish notice of its dissolution and request that persons with claims against Columbia United Providers present the claim in accordance with this notice.

**Medical Claims**

As required by the Washington Office of the Insurance Commissioner, Columbia United Providers will continue to accept medical claims from Medical Providers until all policy liabilities are closed.

- Timely filing is six months from date of service for contracted providers.
- Timely filing is twelve months from date of service for non-contracted and some contracted providers.

Medical claims must be **mailed** to Columbia United Providers, P.O. Box 87400, Vancouver, WA 98687.

**All Other Claimants**

Your claim together with documentation in support of your claim **must be filed with Columbia United Providers by September 6, 2016** at Columbia United Providers, P.O. Box 87400, Vancouver, WA 98687. If you do not file your claim with Columbia United Providers by **September 6, 2016**, your claim will be barred. That means you will not receive any payment from Columbia United Providers.

The following information must be included in the claim you submit to Columbia United Providers (a copy of a Known Claim Form can be printed from Columbia United Providers' website at [www.CUPHealth.com](http://www.CUPHealth.com)):

1. Claimant's Name
2. Claimant Address
3. Claimant's Telephone Number, Fax Number or Email Address
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number
5. The Total Dollar Amount of Your Claim
6. All Relevant Documentation to Support Your Claim

Claimants must describe, in detail, the nature of their claim and the date that their claim was incurred. Your claim should provide a general description of the known facts to a matured and legally assertable claim or liability against Columbia United Providers or an identification of an executory contract with unmatured, conditional, or contingent claims or liabilities against Columbia United Providers.

If your claim is rejected or diminished, you will have a limited period of ninety (90) days from the effective date of the rejection notice from Columbia United Providers in which to commence a proceeding to enforce the known claim.

If you have any questions about this process or about how to fill out the Known Claim Form, please call Columbia United Providers at **1-800-315-7862** during regular business hours (Monday – Friday, 9:00 AM – 5:00 PM Pacific Time).

Thank you.

Columbia United Providers