



Division of Rehabilitation and Liquidation
www.floridainsurancereceiver.org

NOTICE TO MEDICAL PROVIDERS --- NOVEMBER 27, 2006

REGARDING THE LIQUIDATION OF DOCTORCARE, INC.

DoctorCare, Inc., was a provider-sponsored health maintenance organization which provided health care coverage to approximately 5,700 Medicare subscribers. On November 20, 2006, DoctorCare, Inc., ("DoctorCare") was placed in receivership for purposes of rehabilitation by the Second Judicial Circuit Court (the "Court") in Tallahassee, Florida. The Florida Department of Financial Services is the court appointed Receiver of DoctorCare.

Medicare contracts and premiums are administered through the federal Centers for Medicare and Medicaid Services ("CMS"). The rehabilitation order was entered to allow the Receiver to conserve the assets of DoctorCare and assist CMS in its efforts to provide a smooth transition for DoctorCare's subscribers to another Medicare provider(s). Unfortunately, DoctorCare's financial condition prohibited any realistic chance for a successful rehabilitation of the company.

DECEMBER 1, 2006 LIQUIDATION OF DOCTORCARE, INC.

DoctorCare has been ordered liquidated effective December 1, 2006. The DoctorCare subscriber's health care coverage with DoctorCare is cancelled as of that date. **As a Medicare member, however, the former DoctorCare subscribers will receive continued health care coverage through another health maintenance organization. CMS has arranged for two local health maintenance organizations - Preferred Care Partners, Inc., and WellCare of Florida, Inc. – to provide continued health care coverage to the former subscribers of DoctorCare. CMS has randomly assigned each DoctorCare subscriber to one of these two companies. These two HMOs have mailed letters to the DoctorCare subscribers who have been assigned to them, explaining how the continued health care coverage with the HMO will work and the subscriber's other Medicare options. The Receiver is also mailing letters to the subscribers notifying them of the receivership process. The subscribers are urged to carefully read the letter they receive from either Preferred Care Partners, Inc., or WellCare of Florida, Inc.**

The Receiver has been informed that all medical authorizations issued to or for the DoctorCare subscribers prior to December 1, 2006, will be honored by the assigned HMOs. The letters from the HMOs also contain specific instructions for the subscribers regarding their continued use of the DoctorCare medical provider network.

DoctorCare's contracted medical providers must continue to provide health care services to the DoctorCare subscribers for the duration of time for which CMS payments have been made to

DoctorCare. CMS' final payment to DoctorCare covers the period November 1 through November 30, 2006.

Specifically, your Provider Agreement with DoctorCare, Section – Continuation of Contract Services, provides as follows:

The Provider agrees that, in the event of the DoctorCare's insolvency, the Provider shall continue to provide benefits to Members through the period for which premium, capitation or payment has been paid to DoctorCare by CMS or payments to the provider by DoctorCare. In the event Provider is rendering Contract Services to a Member receiving inpatient services, Provider shall continue to provide such services until the earlier of the date of discharge, the date a Participating Hospital or the Member's Primary Care Physician determines, with the concurrence of DoctorCare, that the Contract Services are no longer Medically Necessary, or the date another provider of the Contract Services assumes responsibility for providing such services.

MEDICAL SERVICES PROVIDED ON AND AFTER DECEMBER 1, 2006: All claims for medical services provided to a former DoctorCare subscriber on and after the liquidation date of December 1, 2006 are the responsibility of the HMO to which the subscriber has been assigned. You may receive additional information on these matters from CMS or the two HMOs in the future.

PLEASE NOTE: Under Section 641.315, Florida Statutes, subscribers of a health maintenance organization are not liable to any provider of health care services for any services covered by the health maintenance organization. Additionally, health care providers and their representatives are prohibited from attempting to collect payment from the health maintenance organization subscribers for such services. Federal law also requires providers to indemnify Medicare beneficiaries from liability for payment of fees that are DoctorCare's legal obligation to pay. See 42 CFR 422.504(g)(1). If you are currently billing, or in any other manner attempting to collect payment from DoctorCare subscribers for any medical services, you are advised to immediately cease such activity. You should also immediately inform any collection agency you might use of this law and require that it also cease any such collection activity.

PRE-LIQUIDATION CLAIMS: Claims for services or goods provided to or on behalf of the DoctorCare subscribers prior to December 1, 2006 must be filed with the Receiver on the Receiver's Proof of Claim Form in order to be considered for payment. At a later date, the Receiver will provide additional instructions to all known subscribers, medical providers, and other creditors of DoctorCare regarding the filing process. The deadline for filing claims in the DoctorCare receivership proceeding is 11:59 p.m. on December 3, 2007.

The procedure for the filing and evaluation of claims in a receivership is set out in Part I, Chapter 631, Florida Statutes. Assuming there are sufficient assets in the receivership, the Receiver will evaluate claims in order of their priority as set out in Section 631.271, Florida Statutes. This statute

establishes a system of priorities in paying claims. When the evaluation process has been completed, the Receiver will file a report with the Court setting out our recommendations as to the amounts, if any, which should be allowed on each of the claims evaluated. Notice of the Receiver's recommendations and the deadline for filing any objections to the recommendations will then be provided to the claimants. It is unlikely that claimants will receive any correspondence or other communication from the Receiver until that time unless the Receiver has questions regarding the claim which has been filed. This is because the Receiver is trying to minimize the claims' processing costs in order to maximize potential distribution to the claimants.

During the claims evaluation period, the Receiver also commences litigation and/or takes whatever other action is necessary to collect and maximize the assets of the receivership estate. Please note: it may be several years before distributions, if any, are made in this receivership. Distributions of assets are made on a pro rata basis in accordance with the priority of claims which is set out in Section 631.271, Florida Statutes. Those whose claims fall into lower priorities are paid only if there is money left after paying the higher priority claims. **It is too early in the receivership process for the Receiver to provide any estimate as to the timing and/or the pro rata percentage of the distributions, if any, which may be made in this receivership.**

CONTACT INFORMATION:

For services after December 1, 2006: For information relating to medical services provided on and after December 1, 2006, please contact the HMO to which your patient has been assigned at the following phone numbers:

Preferred Care Partners, Inc.:

For Subscribers: Member Services at 1-866-231-7201 or 305-670-8446
For Providers: Network Management Services at 305-670-8432

WellCare of Florida, Inc.:

For Subscribers: Member Services at 1-866-422-0497
For Providers: Provider Operations at 1-800-699-6529, ext 8224

For Medicare information: If you need more information regarding Medicare, please visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

For Receivership information: Information regarding the receivership of DoctorCare, Inc., including copies of all relevant court orders, is available on the Receiver's website, www.floridainsurancereceiver.org. You may also call the Florida Department of Financial Services at 1-800-882-3054.

We appreciate your cooperation in these matters.