

Affidavit of Distribution of the

Pacwest-Athens Medical Provider Network (MPN) Implementation Notice

[1] I declare that I am a resident of or employed in the County of _____

I am over the age of 18. The name, address and phone number of my business is:

Phone: _____

Policy# _____

[2] On _____, I served (enter number) _____ California

Employees with copies of the following document:

Athens MPN Implementation Notice

I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on _____ at _____, California.

Type or Print Full Name

Signature

Title

Please fax or mail a copy of the completed affidavit to: **FAX: (888) 429-0088**

Pacwest - Athens MPN
c/o Medex Healthcare, Inc.
1201 Dove Street, Suite 300
Newport Beach, CA 92660