

**State of Delaware Department of Insurance
Regulation 1313 – Form C
Proof of Service of Papers Required for Health Care Reimbursement Arbitration**

I certify that on the _____ day of _____, 20____, in addition to the filing provided by the Insurance Commissioner, I sent a copy of the

- _____ Petition for Arbitration with required attachments
- _____ Response to the Petition for Arbitration with required attachments
- _____ Other (*please describe*) _____

to the following person(s) by:

- _____ Certified mail, return receipt requested
- _____ First-class mail, postage-prepaid

Name	
Address	

Name	
Address	

Name	
Address	

The following is required by the person making this certification:

Name of Party	
Address of Party	
Signature of Party	

NOTE: Save all proofs of mailing and return receipt(s) for verification by the Arbitrator.