

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 12486-AG13-1007-119

IN THE MATTER OF:)
)
EquiClaim)
Respondent)
)
535 East Diehl Road)
Suite 333)
Naperville, IL 31185)
)
License Number: 31185)
)
Type of Action: Enforcement)

FILED

FEB 26 2014

STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER

The Indiana Department of Insurance (“Department”) and EquiClaim (“Respondent”), a licensed non-resident medical claims review agency, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent’s license, and which has been submitted to the Commissioner of Insurance (the “Commissioner”) for approval.


The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner of Insurance:

1. Respondent shall pay an administrative fine in the amount of Seven Hundred Fifty

Dollars and no/100 (\$750.00) within ninety (90) days from the date of this Final Order.

ALL OF WHICH IS ORDERED this 26 day of February, 20 14.


Stephen W. Robertson, Commissioner
Indiana Department of Insurance

Distribution:

Michael M. Mullen
INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 103
Indianapolis, Indiana 46204-2787

Kurt Anderson, Executive Vice President
EquiClaim
535 East Diehl Road, Suite 333
Naperville, IL 31185

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STATE OF INDIANA
DEPT. OF INSURANCE

AGREED ENTRY

This Agreed Entry is executed by and between the Enforcement Division of the Indiana Department of Insurance (the "Department"), by counsel, Michael F. Mullen, and Respondent, EquiClaim ("Respondent"). This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Commissioner of the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed nonresident medical claims review agency, holding certificate of registration number 31185; and,

WHEREAS, Respondent was required to renew its certificate of registration with the Department on June 30, 2013 pursuant to Ind. Code § 27-8-16-6(a); and,


WHEREAS, Respondent failed to renew its certification of registration with the Department on June 30, 2013 and certificate of registration number 31185 was inactive from June 30, 2013 to September 30, 2013, when Respondent submitted an application to renew said certificate of registration on October 1, 2013; and

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues in the above captioned matter without the expense, inconvenience and uncertainty inherent in a hearing.

IT IS THEREFORE NOW AGREED by and between the Department and Respondent (collectively, the "Parties") as follows:

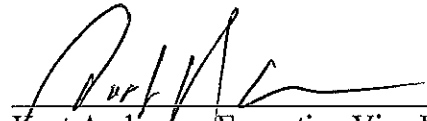
1. The Commissioner has jurisdiction over the subject matter and the Parties to this Agreed Entry.
2. This Agreed Entry is executed voluntarily by the Parties.
3. Respondent voluntarily and freely waives the right to a public hearing.
4. Respondent voluntarily and freely waives the right to judicial review of this matter.
5. Respondent shall pay an administrative fine in the amount of Seven Hundred Fifty Dollars and no/100 (\$750.00) within ninety (90) days of the Commissioner's Final Order adopting this Agreed Entry.
6. Respondent has carefully read this agreement and fully understands and accepts its terms.
7. Respondent is aware that failure to comply with these terms may result in this matter being set for hearing or additional penalties.
8. Should this Agreed Entry not be accepted by the Commissioner, it is agreed that the presentation to and consideration of this Agreed Entry by the Commissioner shall not unfairly or illegally prejudice the Commissioner from further participation in or resolution of these proceedings.

2/18/2014
Date Signed



Michael F. Mullen, Attorney for the
Enforcement Division,
Indiana Department of Insurance

11-21-13
Date Signed



Kurt Anderson, Executive Vice President
Respondent, EquiClaim.

STATE OF ILLINOIS)
) SS:
COUNTY OF DuPAGE)

Before me a Notary Public for DuPAGE County, State of Illinois,
personally appeared KURT ANDERSON and being first duly sworn by me
upon his/her oath, says that the facts alleged in the foregoing instrument is true.

Signed and sealed this 21st day of NOVEMBER, 2013.

Marlein Gomez
Signature

MARLEIN GOMEZ
Printed

My Commission expires: 11-18-15

County of Residence: DuPAGE

