



# MARYLAND HEALTH CARE ACCESS PAYMENT VOUCHER

(Payment to be made separately from any Annual Premium Tax payment due)

Due March 15, 2019

## Taxpayer Information

NAIC Code: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

## Person to Contact Regarding This Report

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Information

Due Date	Amount Paid
March 15, 2019	_____
Date Paid:	_____
Paid via OPTins? (Y/N)	_____
Check Number:	_____
*ACH Payment #:	_____
State of Domicile:	_____

Preparer's Signature: \_\_\_\_\_

Preparer's Printed Name: \_\_\_\_\_

\*ACH Credit payment instructions can be obtained by emailing [rauf.ibatulin@maryland.gov](mailto:rauf.ibatulin@maryland.gov) or [laronda.green@maryland.gov](mailto:laronda.green@maryland.gov).