



MARYLAND HEALTH CARE ACCESS PAYMENT VOUCHER

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

For 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: _____
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 or spencer.harris@maryland.gov or fiscalserv.mia.maryland.gov