



MARYLAND HEALTH CARE ACCESS PAYMENT VOUCHER

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

For Due March 17, 2025

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 17, 2025	_____
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 spencer.harris@maryland.gov
or fiscalserv.mia@maryland.gov _____