



# MARYLAND HEALTH CARE ACCESS PAYMENT VOUCHER

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

For Due March 15, 2024

## 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 15,2024                      \_\_\_\_\_  
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](mailto:spencer.harris@maryland.gov) or [fiscalserv.mia.maryland.gov](http://fiscalserv.mia.maryland.gov)