

Exhibit A

MESSAGE AND INSTRUCTIONS TO PROVIDERS OF HEALTH SERVICES TO AEU BENEFIT PLAN MEMBERS

Dear Healthcare Provider:

You have been identified as a Provider of health services to a member in the AEU Benefit Plan, which was a multiple employer welfare plan purchased by the member's employer to provide health benefits. The enclosed package is the Medical Claims Determination Statement and it represents the status of claims submitted by you for payment which have not been paid.

[REDACTED] MD
[REDACTED]
[REDACTED]

PLEASE READ AND REVIEW THE STATEMENT. Please note the following:

- The statement lists the Amount Billed, Discounts Taken, and the Amount of the Plan's Responsibility and the Amount that is the Member's responsibility pursuant to the Plan of Coverage.
- You may receive multiple Medical Claims Determination Statements, if your claims were processed by more than one Third-Party Administrator for the AEU Plan. You must review each Statement received and refer to each statement by its Tracking Number.
- The amount listed as the Plan's Responsibility will not be paid until the Second Quarter of 2019 and it will be paid to the healthcare provider, **UNLESS THIS AMOUNT HAS ALREADY BEEN PAID.**
- Amounts listed as Member's responsibility to pay may be collected by you, the healthcare provider.
- The AEU Benefit Plan does not have sufficient assets to fully pay what it owes. The AEU Benefit Plan is in federal court-supervised liquidation. Receivership Management Inc. is the court appointed Independent Fiduciary overseeing the liquidation of the AEU Benefit Plan. There are over \$35 million in unpaid medical claims and currently about \$10 million in assets to pay what the Plan owes.

IF YOU ARE SATISFIED THAT THE MEDICAL CLAIMS DETERMINATION STATEMENT IS CORRECT, YOU NEED DO NOTHING FURTHER.

IF YOU BELIEVE THERE ARE ADDITIONAL CLAIMS NOT APPEARING ON THE CLAIMS DETERMINATION STATEMENT THAT SHOULD BE, YOU SHOULD SUBMIT THOSE CLAIMS ALONG WITH A COVER LETTER REFERENCING THE TRACKING NUMBER TO THE ADDRESS BELOW. NO ADDITIONAL CLAIMS WILL BE ACCEPTED AFTER JANUARY 31, 2019 FOR CLAIMS WITH DATES OF SERVICE PRIOR TO JANUARY 31, 2018. **THERE ARE NO BENEFITS PAYABLE FOR MEDICAL DATES OF SERVICE AFTER JANUARY 31, 2018.**

CLAIMS STATUS WILL NOT BE REPORTED BY TELEPHONE OR BY WEB. THE MEDICAL CLAIMS DETERMINATION STATEMENT IS THE CLAIMS STATUS INFORMATION AND WILL BE UPDATED BY MAIL ONLY.

ALL DOCUMENTS, QUESTIONS AND CORRESPONDENCE SHOULD BE MAILED TO:

AEU Benefit Plan
c/o Receivership Management Inc.
1101 Kermit Drive, Suite 735
Nashville, TN 37217

For additional information, visit <http://www.receivermgmt.com/AEUBenefitPlan.htm>

MEDICAL CLAIMS DETERMINATION STATEMENT

Case: 1:17-cv-01932 Document 1-1 Filed 04/13/18 Page 3 of 3
 REGARDING CLAIMS FOR SERVICES TO FORMER PARTICIPANTS
 OF AEU PLAN UP TO FEBRUARY 1, 2018

██████████ MD

TRACKING NUMBER: BPA-P-██████████

Tax ID: ██████████

DOS	PATIENT NAME	SERVICE	BILLED	ALLOWED	DISCOUNT	MEMBER RESPONSIBILITY	PLAN RESPONSIBILITY	PROVIDER NAME	EXPL CODE
2/21/2017	██████████	██████████ ██████████ ██████████	\$1,172.00	\$879.00	\$293.00	\$175.80	\$703.20	██████████ MD	██████████

TOTALS	Billed	Allowed	Discount	Member Responsibility	Plan Responsibility
	\$1,172.00	\$879.00	\$293.00	\$175.80	\$703.20

Explanation Code	Description
██████████	██████████

PLEASE REFER TO THE "MESSAGE AND INSTRUCTIONS TO PROVIDERS OF HEALTH SERVICES TO AEU BENEFIT PLAN MEMBERS" AT THE BEGINNING OF THIS STATEMENT.