



Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2023

Clama HealthCare

ary 25, 2024

Massachusetts
Department of

Revenue

Cigna		1 Name of insurance company or administrator									2 FID number of insurance co. or administrator																		
Cigna									960000081																				
3 Name of subscriber NIHAR RANJAN PATTNAIK 6 Street address 36 YORKSHIRE TER #10						4 Date of birth 07/03/1977 7 City/Town SHREWSBURY			5 Subscriber number 00000000624730701 8 State 9 Zip MA 01545					A Post of a State of a															
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oftense affacia a copy of this 1009 HC form to your tax return

information should be used in filmly your state ray return. For further anomation, please contact the

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