

Exhibit A

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**** Important Tax Document Enclosed ****
**** Immediate Response Requested ****

<Date>

<Bar Code>

<Creditor Name>

<Creditor Address>

<City, State, Zip>

Re: In re Greater Southeast Community Hospital Corporation, et al., Case No. 02-2250 (SMT), United States Bankruptcy Court for the District of Columbia, jointly administering the following cases:

- PACIN Healthcare-Hadley Memorial Hospital Corporation, Case No. 02-2248 (SMT);
- Doctors Community Healthcare Corporation, Case No. 02-2249 (SMT);
- Greater Southeast Community Hospital Corporation I, Case No. 02-2250 (SMT);
- Michael Reese Medical Center Corporation, Case No. 02-2251 (SMT);
- Pine Grove Hospital Corporation, Case No. 02-2252 (SMT); and
- Pacifica of the Valley Corporation, Case No. 02-2253 (SMT) (collectively, the “Cases”):

Request for Taxpayer Identification Number, Social Security Number, or Claim of Exemption

Dear Claimant:

On November 20, 2002, the above-referenced entities filed for chapter 11 protection under title 11 of the United States Code. On April 2, 2004, the United States Bankruptcy Court for the District of Columbia entered an order approving the Debtors’ Second Joint Amended Plan of Reorganization (the “Plan”). On April 5, 2004, the Plan went into effect, the Debtors reorganized, the DCHC Liquidating Trust (the “Trust”) was formed and certain assets, claims and responsibilities were transferred to the Trust. BMC Group has been retained by the Trust to assist in the process of making distributions to holders of Allowed Claims (as defined in the Plan). Our records show that you have filed a proof of claim in the Cases or such a claim was scheduled on your behalf.

We are required by the Internal Revenue Service (“IRS”) to have your taxpayer identification number (“TIN”), Social Security Number (“SSN”), if you are an individual, or your claim of exemption on file and to report any distributions to the IRS if you are not exempt from reporting. Prior to making any distributions, we are therefore requesting that you complete and return the attached IRS Form W-9 so that it is received by the Trust within ninety (90) days of the date of this letter. Please return your completed form in the pre-addressed envelope to: BMC Group, DCHC Disbursing Agent, P.O. Box 903, El Segundo, CA 90245 – 0903. Only originally signed documents will be accepted. No fax or email copies will be accepted. If you have any questions, please contact our Call Center at (888) 909-0100.

If we do not receive your TIN, SSN or claim of exemption within ninety (90) days of the date of this letter, you will not be entitled to receive your share, if any, of distributions from the Trust. Failure to return a completed IRS Form W-9 by the deadline will be deemed a waiver of your interests, if any, in the Trust. If your interest is waived, proceeds that would have been distributed to you will be distributed to the other beneficiaries of the Trust ratably. Successful completion and return of an IRS Form W-9 does not necessarily mean that you are eligible to receive a distribution.

Thank you.

Sam J. Alberts