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MUST BE RECEIVED OR
SUBMITTED ONLINE
NO LATER THAN
NOVEMBER 5, 2019

IMPORTANT LEGAL MATERIALS
MOYA V HEALTHPORT TECHNOLOGIES LLC

For Office Use
Only

INDIVIDUAL CLAIM FORM

CLAIM FORM FOR INDIVIDUAL CLAIMANTS

GENERAL INSTRUCTIONS

If you are an Individual Claimant, please use this Claim Form. If you are a Requester Claimant, do not use this Claim Form but instead use the Requester Claim Form.

To make a Claim under the Settlement, you must complete this form and submit it online or mail it to Moya v HealthPort Technologies, LLC, c/o Settlement Administrator, PO Box 58728, Philadelphia, PA 19102-8728. Your Claim Form must be addressed and received by the Settlement Administrator by 11:59 p.m. November 5, 2019. The information will not be disclosed to anyone other than the Court, the Settlement Administrator, and the Parties in this case, and will be used only for purposes of administering this Settlement (such as to audit and review a Claim for completeness, truth, and accuracy).

You can submit a Claim for a Benefit under this Settlement if you, from July 1, 2011 through August 1, 2019: (i) paid a basic, retrieval and/or a certification fee charged by Ciox, HealthPort, IOD, Aurora or Columbia St. Mary's, in violation of Wis. Stat. §146.83(3f)(b)(4)-(5); and (ii) have not already been reimbursed for such basic, retrieval, and/or certification fees. Settlement Class Members who submit Valid Claims will be reimbursed twice the total amount of any certification, retrieval, and/or basic fees paid to Ciox, HealthPort, Aurora, IOD, or Columbia St. Mary's for copies of such Settlement Class Member's healthcare records, subject to the number of Valid Claims submitted. The average certification, retrieval, and/or basic fees were approximately \$22.58.

Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form. Completed Claim Forms must be mailed to the Settlement Administrator at Moya v. HealthPort Technologies LLC, c/o Settlement Administrator, PO Box 58728, Philadelphia, PA 19102-8728 or can be submitted via the Settlement Website, www.MoyaSettlement.com. **Claim Forms must be RECEIVED or SUBMITTED ONLINE NO LATER THAN November 5, 2019 at 11:59 p.m., Central Time.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Class Notice available at www.MoyaSettlement.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Class Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

If you fail to timely submit a Claim Form, you may be precluded from any recovery from the Settlement Fund. If you are a member of the Settlement Class and you do not timely and validly seek to Opt-Out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form. To receive the most current information and regular updates, visit the Settlement Website at www.MoyaSettlement.com.



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Claimant Information

Claimant Name: _____
First Name MI Last Name

Street Address: _____

Street Address2: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (_____) _____ - _____

Evening Phone Number: (_____) _____ - _____

E-mail Address: _____@_____.

Unique Class Member Identifier: _____ 1 0 _____



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By signing below, you are submitting to the jurisdiction of the Wisconsin Circuit Court, Milwaukee County, Wisconsin.

Certification or Affirmation under Penalty of Perjury

I hereby certify or affirm under penalty of perjury that:

1. I have read the Settlement Agreement and agree to its terms, including the Release(s);
2. I have read and understand the proof of Claim Form;
3. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief;
4. I believe in good faith that I am a member of the Settlement Class because (i) I previously requested directly or had authorized someone in writing to obtain copies of my medical records; or (ii) I have requested a patient's medical records pursuant to a written authorization from the patient;
5. I was charged for basic, retrieval and/or certification fee(s);
6. I did not request to Opt-Out from the Settlement Class;
7. I have not already entered into a Settlement for any of the Claims set forth in this Claim Form;
8. I am not (a) an employee, principal, legal representative, successor, or an assignee of Defendants or their affiliated entities; (b) a Federal, State, County and/or Local Government entity, including, but not limited to its departments, agencies, divisions, bureaus, boards, sections, groups, councils and/or any other subdivision, and any claim that such governmental entities may have, directly or indirectly; (c) any currently-sitting Wisconsin state court Judge or Justice, or any federal court Judge currently or previously sitting in Wisconsin, and the current spouse and all other persons within the third degree of consanguinity to such judge/justice; (d) any law firm of record in these proceedings, including any attorney of record in these proceedings; or (e) any person who would otherwise belong to the class but whom Defendants can identify as being charged a fee, either directly or indirectly through a person authorized in writing, but said fee was not collected or paid to Defendants by anyone.
9. I have not submitted any other Claim for the same payments and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
10. I have neither the right to recover these fees from any other party nor been reimbursed in part or in whole by a third-party for these fees;
11. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
12. I understand that by submitting this Claim Form, the effect is the same as if I have given a complete Release of all settled Claims; and,
13. I understand that Claims may be audited for veracity and accuracy. Claims Forms that are not valid and/or illegible can be rejected.

Signature: _____ Dated: ____ / ____ / ____



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