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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

**REQUESTER CLAIM FORM**

**CLAIM FORM FOR REQUESTER CLAIMANTS**

**GENERAL INSTRUCTIONS**

If you are a Requester Claimant who paid basic, retrieval and/or certification fee in connection with a request for another person's medical records and were not reimbursed directly or indirectly, in part or in whole for those fees, please use this Claim Form. If you are an Individual Claimant, please use the Individual 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. Central Time on 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 basic, retrieval, and/or certification fee(s) 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 basic, retrieval, and/or certification fees paid to Ciox, Aurora, IOD, or Columbia St. Mary's for copies of healthcare records, subject to the number of Valid Claims submitted. The average certification, basic, and/or retrieval fees were approximately \$22.58. For the avoidance of doubt, if a law firm paid for basic, retrieval, and/or certification fees in connection with medical records it requested on behalf of its client for use in a lawsuit, and that lawsuit has since resolved with the law firm receiving or obtaining for its client some amount of monetary relief (e.g. payment or reimbursement), then in that situation, the presumption is that the law firm would be ineligible to submit a Valid Claim.

**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](http://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](http://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 Requester Claim Form. **You must submit a Claim Form for each order of medical records containing a unique Invoice Number whereby the Requestor Claimant was charged a basic, certification and/or retrieval fee.** To receive the most current information and regular updates, visit the Settlement Website at [www.MoyaSettlement.com](http://www.MoyaSettlement.com).



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**Claimant Information**

Claimant Name: \_\_\_\_\_  
Entity Name

Street Address: \_\_\_\_\_

Street Address2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Facsimile Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Claimant's Tax Payer Identifier: \_\_\_\_\_

Unique Class Member Identifier: 1 0 7 7 \_\_\_\_\_

1. Invoice Number for Invoice in Which You Were Charged Basic, Certification, and/or Retrieval Fees:

\_\_\_\_\_

*For all entities*, were you reimbursed, in part or in whole, for the basic, certification, and/or retrieval fees you paid?

Yes  No

2. *For law firms*, with regard to any lawsuit or legal claim for which medical records were requested, please provide:

Case Style Case/Cause No. Court

Claim Number Insurance Company Name

3. Is such lawsuit or legal claim for which the medical records were requested still open or pending?

Yes  No

If no, what was the date of disposition? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Did you receive or obtain for your client some amount of monetary relief (e.g. payment or reimbursement)?

Yes  No



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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, on behalf of Claimant, 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 we were previously authorized in writing by an individual to obtain copies of that person's medical records;
5. I was charged for basic, retrieval and/or certification fee(s);
6. I have an Invoice Number for the records that were requested and I incurred the basic, retrieval and/or certification fee(s);
7. I did not request to Opt-Out from the Settlement Class;
8. I have not already entered into a Settlement for any of the Claims set forth in this Claim Form;
9. 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 who 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.
10. I have not submitted any other Claim for the same fees 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;
11. I have neither assigned the right to recover these fees to any other party nor been reimbursed directly or indirectly, in part or in whole by a third-party for these fees;
12. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
13. 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,
14. I understand that Claims will be audited for veracity and accuracy. Claims Forms that are not valid and/or illegible can be rejected.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI Last Name

\_\_\_\_\_  
Title (Must be Managing Partner/Managing Shareholder if Entity is a Law Firm)

Signature: \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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