3107700000000

MUST BE RECEIVED NO LATER THAN **OCTOBER 7, 2019**

Request to Opt-Out From the Settlement

Moya v HealthPort Technologies
Milwaukee County Circuit Court
Wisconsin
Case No. 13CV2642

For Office Use Only

COMPLETE THIS FORM IF YOU WISH TO RETAIN THE RIGHT TO SUE HEALTHPORT TECHNOLOGIES LLC (NOW KNOWN AS CIOX HEALTH LLC) SEPARATELY FOR THE CLAIMS RELEASED BY THE SETTLEMENT. DO NOT COMPLETE THIS FORM IF YOU WANT TO RECEIVE MONETARY BENEFITS AVAILABLE UNDER THE SETTLEMENT.

By completing this form, you will Opt-Out from the Settlement Class and retain the right to sue HealthPort Technologies LLC (now known as Ciox Health LLC) separately for the claims released by the Settlement. If you Opt-Out, you cannot receive money or object to the Settlement.

To Opt-Out from the Settlement, by using this Opt-Out Form, this form must be completed, signed, and mailed to the Settlement Administrator via U.S. mail to the below address and must be received on or before **October 7, 2019**.

Moya v. HealthPort Technologies LLC, c/o Settlement Administrator, PO Box 58728, Philadelphia, PA 19102-8728

*Entity: _____

*Name: _____ _____ _____
**First Name* **M.I.* **Last Name*

*Street Address: _____

*City: _____

*State: ____ ____ *Zip Code: ___ ___ ___ ___ ___ - ___ ___ ___ ___ (zip4 optional)

☐ ***I WISH TO OPT-OUT FROM THE MOYA V. HEALTHPORT TECHNOLOGIES LLC SETTLEMENT** CASE NO. 13CV2642.

OPT-OUT SIGNATURE

By signing this Opt-Out Form, I hereby Exclude myself from this settlement. By signing this Opt-Out Form, I understand that I will have no right to receive any money under the Settlement in this case, and I will have no right to object to the Settlement and be heard at the Fairness Hearing.

*Signature:_____

*Printed Name:_____

*Dated: ___ ___ / ___ ___ / ___ ___ ___ ___