

Susan Garner, individually and on behalf of all others similarly situated, v. Missouri Delta Medical Center, Case No. 22SO-CV00138
Circuit Court of Scott County, Missouri

CLAIM FORM

DEADLINE TO SUBMIT: OCTOBER 23, 2023

ATTENTION: This Claim Form is to be used to apply for monetary benefits from the settlement of a lawsuit with The Missouri Delta Medical Center (“MDMC”). The lawsuit alleges that MDMC suffered a cyber-attack on August 22, 2021, which resulted in the potential compromise of patients’ private information (“Data Incident”). To recover as part of this settlement, you *must* provide the information requested in this Claim Form for each applicable claim. PLEASE BE ADVISED that any documentation you provide must be submitted with this Claim Form.

You may submit claims in each applicable category below:

- (A) Compensation for ordinary losses attributable to the Data Incident, which include (1) unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after August 22, 2021, through the date of preliminary approval; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and
- (B) Up to four (4) hours of lost time (at \$17.50 per hour) provided that you certify the lost time was spent in response to the Data Incident; and
- (C) Compensation for extraordinary losses attributable to the Data Incident, including out-of-pocket costs associated with identity theft, tax fraud, other forms of fraud, and other actual misuse of personal information as a result of the Data Incident.

For further information on each, please see the Notice.

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, www.MDMCSettlement.com, and follow the instructions on the “Submit a Claim” page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to MDMC Settlement C/o RG/2 Claims Administration LLC, P.O. Box 59479, Philadelphia, PA 19102-9479, postmarked by **October 23, 2023**. Please print clearly in blue or black ink.

1. **General Information**

Required Information:

First Name: _____ MI: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Country: _____ Phone: _____ Date of birth: _____

Optional Information:

Email: _____

2. **Claim Information**

Claim A: Ordinary Losses

To obtain reimbursement under this category, you must attest to one or more, if applicable, of the following:

☐ I incurred unreimbursed losses relating to fraud or identity theft as a direct result of the Data Incident including fees for credit reports, credit monitoring, or other identity theft insurance product purchased between August 22, 2021 and the close of the Claims Period and miscellaneous expenses such as bank fees supported by documentation substantiating the full extent of the amount claimed; long distance phone charges; cell phone charges (only if charged by the minute); data charges (only if charged based on the amount of data used); postage; gasoline for local travel.

Total Amount of Ordinary Losses \$ _____

If you attested to the above, please provide a description of each expense or loss claimed, the date of loss, the dollar amount of the loss, and the type of supporting documentation you will be submitting to support the loss.

You must provide ALL of this information for this claim to be processed.

Claim A: Ordinary Losses – Out-of-Pocket Expense Reimbursement

(Settlement Class Members are eligible for compensation for up to a total of \$300.00 per person for Ordinary Losses, including expenses and lost time)

Description of the Expense	Date	Amount	Supporting Documentation
Examples: Ordered credit reports	1/5/21	\$30.00	Copy of invoice/billing statement
Mailed police reports to private provider	1/5/21	\$5.00	Copy of receipt from U.S. Post Office
TOTAL (maximum \$300.00, can be claimed, including lost time)			

List any additional expenses on a separate sheet and submit with this Claim Form.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

Claim B: Ordinary Losses – Lost Time Reimbursement

Settlement Class Members are eligible for compensation for up to a total of \$300.00 per person for Ordinary Losses, including expenses and Lost Time. Lost Time may include up to 4 hours of lost time at \$17.50 per hour, for time spent dealing with the Data Incident.

If you elect to obtain reimbursement for personal time spent addressing issues arising out of the Data Incident, you must attest to the following:

☐ I spent personal time addressing issues arising out of the Data Incident to try to prevent, detect, contest, remediate and/or repair related damages as a result of the Data Incident.

Number of hours

☐ 1 hour

☐ 2 hours

☐ 3 hours

☐ 4 hours

Claim C: Extraordinary Losses

To obtain reimbursement under this category, you must attest to the following:

☐ I experienced an incident of identity theft, tax fraud, other form of fraud, and/or other actual misuse of my personal information as a result of the Data Incident; **AND** I affirm that the loss occurred after August 22, 2021; **AND** the loss is not already covered by one or more of the ordinary loss compensation categories under Claim A or B; **AND** I made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance; **AND** I affirm that I have documentation of the incident and my associated expenses and have submitted such documentation with this Claim Form; **AND** I affirm that none of the claimed expenses have already been reimbursed by any other source.

Please provide documentation supporting **both** your claim and your associated expenses.

An example of documentation supporting your claim would include a letter from your health insurance company, financial institution, credit reporting agency, or another source informing you that a false medical insurance claim had been filed or fraudulent financial loss had to be reversed.

An example of documentation supporting your associated expenses would include receipts, voided checks, bank statements, or other documents showing the amount of your losses and/or a detailed narrative description of what happened and what losses you incurred.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

Claim C: Extraordinary Losses – Out-of-Pocket Expense Reimbursement			
(Settlement Class Members are eligible for compensation for up to a total of \$2,000.00 per person for Extraordinary Losses)			
Description of the Expense	Date	Amount	Supporting Documentation
Examples: Unreimbursed fraudulent medical bills	1/5/21	\$200.00	Copy of invoice/billing statement
Unreimbursed charged from account fraudulently opened with my identity.	1/5/21	\$100.00	Copy of invoice/billing statement and report of identity theft to account company
TOTAL (maximum \$2,000.00)			
List any additional expenses on a separate sheet and submit with this Claim Form.			
Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.			

In order to be eligible for compensation under Claim C, you must certify below that you have made reasonable efforts to avoid or seek reimbursement for the loss.

3. Certification

I understand that my Claim and the information provided above will be subject to verification.

By submitting this Claim Form, I certify and declare that the information provided in this Claim Form is true and correct and that this form was executed on the date set forth below. I further certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Please include your name in both the Claimant Signature and Printed Name fields below.

Claimant Signature: _____ Date: ____ / ____ / ____

Printed Name: _____

THIS CLAIM FORM MUST BE SUBMITTED OR POSTMARKED BY OCTOBER 23, 2023 IN ORDER TO BE TIMELY AND VALID.