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Must be postmarked or submitted online NO LATER THAN March 14, 2024

ECL SETTLEMENT ADMINISTRATOR
P.O. Box 2630
Portland, OR 97208-2630
www.ECLSettlement.com

ECL PHYSICIAN SETTLEMENT CLASS CLAIM FORM

STEP 1 – INFORMATION AND DIRECTIONS

PHYSICIAN SETTLEMENT CLASS BENEFITS – WHAT YOU MAY GET

IMPORTANT NOTE: You must complete and submit this Claim Form by **March 14, 2024**, to receive a benefit. To complete this Claim Form, read the instructions below in Step 1; truthfully provide the requested information in Step 2; read how payment will be issued in Step 3; sign the certification in Step 4; and submit the Claim Form using one of the methods stated in Step 5.

Each Physician Settlement Class Member is entitled to submit only one Claim Form.

The easiest way to submit a Claim is online at www.ECLSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a Claim for any benefits for which you are eligible.

Cash Payment and Billing Credits. Use this Claim Form to request one or more of the following:

1. **Pro Rata Share of the available Physician Settlement Fund.** All Physician Settlement Class Members are eligible to claim this benefit. If your Claim is approved, you will receive a cash payment consisting of an equal share of the fund available for all Physician Settlement Class Members who submit a valid Claim.

2. **Billing Credits.** If you are a member of the myCare Integrity Class, the iMedicWare Class, or the MyVisionExpress Class, you may be eligible to claim certain billing credits. The billing credits are not cash payments.

* * *

Claims must be submitted online or mailed by March 14, 2024. Use the address at the top of this form for mailed claims.

Please note: The Settlement Administrator may contact you to request additional documents to process your Claim. Your pro rata share of the available Physician Settlement Fund will depend on the number of claims filed.

For more information and complete instructions visit **www.ECLSettlement.com**.

Please note that Settlement benefits will be distributed after the Settlement is approved by the Court and becomes final.

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STEP 2: CLAIMANT INFORMATION

1. PRACTICE NAME (REQUIRED)

2. PHYSICIAN LICENSEE NAME(S) (REQUIRED)

First Name **MI** **Last Name**

3. CONTRACT INFORMATION

Service(s) (select applicable service[s]):

myCareIntegrity: ☐ Yes ☐ No

iMedicWare: ☐ Yes ☐ No

MyVisionExpress: ☐ Yes ☐ No

Revenue Cycle Management: ☐ Yes ☐ No

Date Executed (if you know): MM – DD – YYYY

Termination Date (if you know): MM – DD – YYYY

4. MAILING ADDRESS (REQUIRED)

Street Address

Apt / Unit No.

City State ZIP Code

5. PHONE NUMBER:

6. EMAIL ADDRESS:

7. UNIQUE ID:

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STEP 3: HOW YOU WILL RECEIVE YOUR PAYMENT

If you made a claim for a cash payment on this Claim Form, and if your claim and the Settlement are finally approved, an email will be sent to the email address you provided on this Claim Form, prompting you to elect your method of payment. Popular electronic payment options will be available, or you can elect a check. Please ensure you have provided a current and complete email address. If you do not provide a current and valid email address, the Settlement Administrator may attempt to send you a check relying on your physical address on file.

STEP 4: CERTIFICATION

I hereby certify that:

1. The information I have supplied in this Claim Form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.
2. I have read and understand the Claim Form.
3. I believe in good faith that I am a member of the Physician Settlement Class because I had a contract with Defendants as identified under the Physician Settlement Class definitions.
4. I have neither assigned any right to recover this benefit to any other party nor been reimbursed in whole by a third-party for any damages related to the allegations at issue in the ECL Class Actions.
5. I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Signature

Date: MM – DD – YYYY

Print Name

STEP 5: METHODS OF SUBMISSION

Please complete the Claim Form above and return it by one of the following methods:

1. Visit www.ECLSettlement.com and complete an online Claim Form no later than March 14, 2024; OR
2. Email the completed Claim Form to physician-claims@ECLSettlement.com no later than March 14, 2024; OR
3. Mail the completed and signed Claim Form via U.S. Mail to the Settlement Administrator, postmarked no later than March 14, 2024, and addressed to:

ECL Settlement Administrator
P.O. Box 2630
Portland, OR 97208-2630