

CLAIM FORM FOR US RADIOLOGY DATA INCIDENT BENEFITS

**You may be eligible for cash payment from US Radiology,
but you need to act quickly.**

USE THIS FORM TO MAKE A CLAIM FOR PAYMENT BASED ON THE US RADIOLOGY DATA INCIDENT

For more information, call (833) 462-3597 or visit the website www.USRadSettlement.com
Para una notificación en Español, pueda llamar (833) 462-3597o visitar nuestro sitio de web
www.USRadSettlement.com.

**The CLAIMS DEADLINE to submit this Claim Form online (or mail it postmarked) is
May 28, 2024**

I. GENERAL INSTRUCTIONS

If you were previously notified that your Private Information was potentially compromised in a cybersecurity Data Incident experienced by US Radiology Specialists, Inc. (“US Radiology”) and/or one of its affiliates or subsidiaries or other Released Person, you are a Class Member. The event that caused your data to be potentially impacted is referred to here as the “Data Incident.”

A settlement has been reached with US Radiology by litigants who brought legal action against US Radiology and/or one of its affiliates or subsidiaries in response to the Data Incident. The settlement establishes a \$5,050,000 Settlement Fund to compensate Class Members who submit timely and Valid Claims. Class Members who submit timely and Valid Claims will receive a *Pro Rata* Cash Payment from the Settlement Fund and may additionally receive compensation for their Lost-Time Claims and Out-of-Pocket-Expense Claims and for incidents of verified fraud. The Settlement Fund will also provide for Service Awards for the Class Representatives, attorneys’ fees and expenses as awarded by the Court, and the Administration Fees of the settlement. As a Class Member, you are eligible for a *Pro Rata* Cash Payment from the Settlement Fund, as well as reimbursement for time and money spent in response to the Data Incident (such as money spent on credit monitoring) and any money you lost as a result of incidents of fraud or identity theft connected to the Data Incident.

You must fill out a valid Claim Form in order to receive any benefit from the settlement. As described in more detail below, you do not have to have suffered a fraud incident in order to receive payment.

The benefits are as follows:

Out-of-Pocket-Expense Claims

You are eligible to receive reimbursement for money you paid to protect yourself after the Data Incident, such as money spent on a credit monitoring service. You are also eligible to receive reimbursement for money you lost as a result of fraud or identity theft, if that money has not been reimbursed from another source. This includes:

- 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 December 17, 2021 that you attest under penalty of perjury were caused by or otherwise incurred as a result of the Data Incident, through the date of claim

submission; and

- Miscellaneous expenses such as notary, data charges (if charged based on the amount of data used) fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges.

These losses must be documented. You must submit copies of documents supporting your Claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

Lost-Time Claims

You may submit a Claim for reimbursement for time spent resolving issues attributable to the Data Incident. You will be reimbursed at \$25/hour of time spent, **up to \$100 total**. By filling out this Claim Form, you can attest to the amount of time you spent attempting to mitigate the effects of the Data Incident. This can include, for example, time spent on the phone with banks, time spent dealing with replacement card issues or reversing fraudulent charges, time spent researching the Data Incident, time spent monitoring accounts, or time spent freezing your credit. **You do not have to include documentation of your lost time. Instead, you can swear, under penalty of perjury, to the amount of time you spent.**

Verified Fraud Claims

For each documented and verified instance of identity fraud you have suffered after the date of the Data Incident, you are entitled to \$250 (capped at an aggregate total of \$5,000), regardless of whether you have been reimbursed for that fraud.

Verified Fraud Claims include:

- Fraudulent bank or credit card charges;
- Tax filings;
- Opening of bank and/or credit accounts;
- Unemployment filings; or
- Other fraudulent actions taken using your information from the Data Incident.

These losses must be documented. Class Members with Verified Fraud Claims must submit documentation and attestation supporting their Claims. Receipts or other documentation pertaining to each fraud claim are required. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

Pro Rata Cash Payment

After distributing funds for the payments set forth above, as well as attorneys’ fees, Class Counsel’s litigation expenses, Administration Fees, and Service Awards to the Class Representatives, if there is any money left over in the Settlement Fund, the Settlement Administrator will make *Pro Rata* Cash Payments to each Class Member who submits a timely and Valid Claim (*i.e.*, the Settlement Administrator will divide the remaining funds equally between the Class Members who submit Claims). The remaining amount of the Settlement Fund will be distributed *pro rata* to each Class Member who submits a timely and Valid Claim, which may increase or decrease the *Pro Rata* Cash Payment.

Completing the Claim Form

This Claim Form may be submitted online at **www.USRadSettlement.com** or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Owens, et al. v. US Radiology Specialists, Inc. et al.
c/o Kroll Settlement Administration

P.O. Box 225391
New York, NY, 10150-5391

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IV. LOST-TIME CLAIM

Please check off this box for this section if you are electing to seek reimbursement for lost time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Incident.

Class Members who elect to submit a Lost-Time Claim may claim no more than \$100 at \$25/hour for time actually spent addressing issues arising from the Data Incident. If you are selecting reimbursement for lost time, you must fill in the blanks in this section and sign the certification at the end of the Claim Form.

I, _____, declare that I suffered lost time. Specifically, I spent the following number of
/Name/
hours attempting to prevent fraud or mitigate fraud and identity theft related to the Data Incident: _____
hours (rounded to the nearest half-hour).

V. REIMBURSEMENT FOR OUT-OF-POCKET-EXPENSE CLAIMS AND/OR VERIFIED FRAUD CLAIMS

Please check off this box if you are electing to seek reimbursement for unreimbursed **Out-of-Pocket-Expense Claims** and such claimed losses will total no more than \$5,000.00. You must provide reasonable documentation of the claimed out-of-pocket losses. Self-attested documentation will not suffice.

Please check off this box if you are electing to seek reimbursement for a **Verified Fraud Claim** for one or more incidents of **verified fraud**. Such claimed payments will be \$250/incident, but, in total, no more than \$5,000. You must provide reasonable documentation for **each** instance of fraud. Self-attested documentation will not suffice.

Making a Claim for Out-of-Pocket Expenses

In order to submit an Out-of-Pocket-Expense Claim, **you must** (i) fill out the information below or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form; and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Out-of-Pocket-Expense Claims need to be deemed fairly traceable to the Data Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Incident.

Failure to meet the requirements of this section may result in your Claim being rejected by the Settlement Administrator.



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Below are examples of supporting documentation for each loss type. (Note these are just some examples and not an exhaustive list.)

Unreimbursed fraud losses or charges

- *Account statement with unauthorized charges highlighted.*
- *Correspondence from financial institution declining to reimburse you for fraudulent charges.*

Professional fees incurred in connection with identity theft or falsified tax returns

- *Receipt for hiring service to assist you in addressing identity theft.*
- *Accountant bill for re-filing tax return.*

Credit freeze

- *Receipts or account statements reflecting purchases made for credit monitoring and insurance services.*

Credit Monitoring ordered after receipt of the Data Incident Notice

- *Receipts or account statements reflecting purchases made for credit monitoring and insurance services.*

Miscellaneous expenses, such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges

- *Phone bills.*
- *Gas receipts.*
- *Postage receipts.*
- *Detailed list of locations to which you traveled (i.e. police station, IRS office); why you traveled there (i.e. police report or letter from IRS re: falsified tax return); and number of miles you traveled to remediate or address issues related to the data incident.*

Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing

- *Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive tax refund and amount of same.*

Other (provide detailed description)

- *Please provide detailed description below or in a separate document submitted with this Claim Form.*



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Out-of-Pocket Cost Type (Fill all that apply)	Approximate Date of Loss (if more than one, include the first date here)	Total Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Unreimbursed fraud losses or charges	____/____/____ (mm/dd/yyyy)	\$ _____.	
Professional fees incurred in connection with identity theft or falsified tax returns	____/____/____ (mm/dd/yyyy)	\$ _____.	
Credit freeze	____/____/____ (mm/dd/yyyy)	\$ _____.	
Credit Monitoring ordered after receipt of the Data Incident Notice Letter	____/____/____ (mm/dd/yyyy)	\$ _____.	
Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges	____/____/____ (mm/dd/yyyy)	\$ _____.	
Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with a fraudulent tax return filing	____/____/____ (mm/dd/yyyy)	\$ _____.	
Other (provide detailed description)	____/____/____ (mm/dd/yyyy)	\$ _____.	



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If you **do not submit** reasonable documentation supporting a Claim for out-of-pocket losses, or your Out-of-Pocket-Expense Claim payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, you will not receive any reimbursement for out-of-pocket losses.

Verified Fraud Claims

You are eligible for up to \$250 payment for each incident of verified fraud you have suffered. Please use the checkboxes below to indicate what kind of fraud you've suffered and describe the documents you're submitting to substantiate the fraud. The payments for Verified Fraud Claims are also subject to a \$5,000 cap that applies to out-of-pocket losses.

Below are examples of supporting documentation for each loss type. (Note these are just some examples and not an exhaustive list.)

Fraudulent bank or credit card charges

- *Account statement with unauthorized charges highlighted.*
- *Correspondence from financial institution declining to reimburse you for fraudulent charges.*

Fraudulent tax filings

- *Letter from IRS or state about tax fraud in your name; Accountant bill for re-filing tax return.*

Opening of bank accounts and/or credit cards in your name

- *Notification from bank of new credit card or account; correspondence with bank about closing the account.*

Government benefits taken in your name

- *Notification of unemployment benefits being taken; correspondence with agency regarding issue.*



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Out-of-Pocket Cost Type (Fill all that apply)	Approximate Date of Loss (if more than one, include the first date here)	Total Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Fraudulent bank or credit card charges	____/____/____ (mm/dd/yyyy)	\$_____.	
Fraudulent tax filings	____/____/____ (mm/dd/yyyy)	\$_____.	
Credit freeze	____/____/____ (mm/dd/yyyy)	\$_____.	
Opening of bank accounts and/or credit cards in your name	____/____/____ (mm/dd/yyyy)	\$_____.	
Government benefits taken in your name	____/____/____ (mm/dd/yyyy)	\$_____.	



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VI. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a Claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this Claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that Claim payments may be reduced in part or in whole, depending on the type of Claim and the determinations of the Settlement Administrator.

Signature: _____

Date: _____

Print Name: _____

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