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**Must be postmarked or
submitted online
NO LATER THAN
January 10, 2027**

Washington Gastroenterology Data Breach Incident
SETTLEMENT ADMINISTRATOR
P.O. BOX 6630
PORTLAND, OR 97228-6630
WAGastroDataIncidentSettlement.com

In re Washington Gastroenterology, PLLC Data Breach Litigation **Claim Form**
Case No. 25-2-11194-1

GENERAL INFORMATION

If your Private Information was compromised in the Data Incident involving Washington Gastroenterology, PLLC on or around October 23, 2024, you may be entitled to Settlement Benefits from a Settlement.

You may submit a Claim Form for Settlement Benefits, outlined below, by visiting the Settlement Website at WAGastroDataIncidentSettlement.com. Claims must be submitted online or postmarked by January 10, 2027. If you would prefer to submit by mail, please use the return address at the top of this form.

SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you are a Settlement Class Member, you may submit a Claim Form to receive the following Settlement Benefits:

1. **Cash Payment A - Documented Losses**: You may submit a Claim Form and provide reasonable documentation for up to \$4,000 per Settlement Class Member;
- OR**
2. **Cash Payment B – Alternate Cash**: Instead of Documented Losses, without providing documentation, you may submit a Claim Form to receive a pro rata (a legal term meaning equal share) cash payment in the *estimated* amount of \$75;
- AND**
3. **Medical Record Monitoring**: In addition to Documented Losses *or* Alternate Cash, you may also submit a Claim Form to receive two years of one-bureau of a medical record and credit monitoring product.

Your Cash Payment may be subject to a *pro rata* (a legal term meaning equal share) increase or decrease depending upon the total value of all Valid Claims.

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Please Note: The Settlement Administrator may contact you to request additional documents to process your Claim Form.

For more information and complete instructions, visit **WAGastroDataIncidentSettlement.com**.

Please note that Settlement Benefits will be distributed after the Settlement is approved by the Court and becomes final. Thank you for your patience.

Questions? Go to **WAGastroDataIncidentSettlement.com** or call **1-877-377-7781**.

Contact Information

1. NAME (REQUIRED):

First Name

[illegible]

MI

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Last Name

[illegible]

2. MAILING ADDRESS (REQUIRED):

Street Address

[illegible]

City

[illegible]

State

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ZIP Code

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3. PHONE NUMBER:

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

4. EMAIL ADDRESS:

[illegible]

5. UNIQUE ID:

[illegible]

Medical Record Monitoring

You may be eligible to receive free Medical Record Monitoring services.

All Settlement Class Members are eligible for two years of free Medical Record Monitoring services.

Please select the checkbox if you want to enroll in Medical Record Monitoring for which you are eligible.

☐

Medical Record Monitoring: I want to receive two years of one-bureau of a medical record and credit monitoring product at the email entered in the above section.

If you select this option, you will be sent instructions and an activation code to your provided email address listed above after the Settlement is final. Enrollment in this service will not subject you to marketing for additional services or any required payments.



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Documented Loss Payment

You may submit a Claim Form and provide reasonable documentation for up to \$4,000 per Settlement Class Member. Eligible losses include those incurred on or after October 23, 2024, up to the date of submitting your Claim.

It is important for you to send reasonable documentation that shows what happened and how much you lost or spent so that you can be reimbursed.

Examples of documented losses related to the Data Incident include (without limitation):

1. Monetary losses as a result of actual identity theft if (a) the loss is an actual, documented, and unreimbursed monetary loss; (b) the loss was fairly traceable to the Data Incident; and (c) the loss occurred between October 23, 2024, and the date your Claim was submitted;
2. Postage;
3. Copying, scanning, faxing;
4. Mileage and other travel-related charges;
5. Parking;
6. Notary charges;
7. Research charges;
8. Cell phone charges (only if charged by the minute);
9. Long distance phone charges;
10. Data charges (only if charged based on the amount of data used);
11. Text message charges (only if charged by the message);
12. Bank fees, and
13. Professional fees, such as fees for accountants and attorneys.

You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source in connection with the identity protection and credit monitoring services offered as part of the notification letter provided by Defendant or otherwise.

If you do not submit reasonable documentation supporting a loss, or if your Claim Form is rejected by the Settlement Administrator, and you fail to cure your Cash Payment A – Documented Losses Claim Form, your Claim Form will be processed as if you elected Cash Payment B – Alternate Cash.

To look up more details about how the cash payment works, visit **WAGastroDataIncidentSettlement.com** or call toll-free **1-877-377-7781**. Please also review the Long Form Notice on the Settlement Website for more information.

By completing this section, you certify that the expenses claimed do not relate to any other data incidents or breaches and have not been reimbursed by any other source. By submitting this section, you further attest under penalty of perjury that the documented losses are true, accurate, and were incurred as a result of the Data Incident.

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Expense Type and Examples of Documents	Amount and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or identity theft. <i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i>	\$ • Date: - - MM DD YYYY	
Other losses or costs resulting from identity theft or fraud (provide detailed description) related to the Data Incident. <i>Examples: Account statement with unauthorized charges circled; bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased</i>	\$ • Date: - - MM DD YYYY	
Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the Data Incident. <i>Examples: Phone bills, receipts, detailed list of addresses you traveled to (e.g., police station, IRS office), reason why you traveled there (e.g., police report or letter from IRS re: falsified tax return) and number of miles you traveled</i>	\$ • Date: - - MM DD YYYY	

Alternate Cash Payment

Instead of Documented Losses, without providing documentation, you may submit a Claim Form to receive a pro rata (a legal term meaning equal share) cash payment in the *estimated* amount of \$75.

☐ **By checking this box, I affirm I want to receive an Alternate Cash Payment.**

Your Alternative Cash Payment may be subject to a *pro rata* increase or decrease depending upon the total value of all Valid Claims submitted.

Questions? Go to WAGastroDataIncidentSettlement.com or call 1-877-377-7781.

#1 Digital Payment Account – Payment Option

*Provide the email **OR** phone number, **NOT** both, associated with your selected digital payment account.*

[illegible]☐ Virtual Prepaid Mastercard[illegible]

☐ Checking Account ☐ Savings Account

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[illegible]

Sent by mail to the address on this Claim.

☐ Physical Check

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Signature

By signing my name, I affirm under the penalty of perjury and laws of the United States that 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.

I understand that I may be asked to provide more information by the Settlement Administrator before my Claim is complete.

Signature

Date - -

MMDDYYYY

Print Name

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