

## Settlement Claim Form

## CLAIMANT INFORMATION, PAYMENT METHOD ELECTION, AND SIGNATURE

MAIL  
ID

\*0000PLACEHOLDER0000\*

By signing below, I affirm that I am a natural Person who is, or was, a patient of defendant SSM Health and logged into the SSM Health MyChart patient portal between July 6, 2020, and February 10, 2023, and that all of the information on this Claim Form is true and correct to the best of my knowledge.

Signature

Date: 

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MM DD YYYY

**Please keep a copy of your Claim Form for your records.**