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**Must be postmarked or
submitted online
NO LATER THAN
DECEMBER 01, 2025**

*Eastern Radiologists Data Incident
Claims Administrator
P.O. BOX 3076
PORTLAND, OR 97208-3076
www.EasternRadiologistsSettlement.com*

Powers, et al., v. Eastern Radiologists, Inc., Claim Form
Case No. 24CVS772

GENERAL INFORMATION

If you received Notice of this Settlement, the Claims Administrator identified you as a potential member of the Settlement Class because you were identified by Eastern Radiologists, Inc. ("Defendant") involving a Cybersecurity Incident suffered by Defendant where cybercriminals potentially accessed Defendant's systems containing your Private Information, discovered by Defendant on or around November 24, 2023. The Private Information includes any combination of names, Social Security numbers, home addresses, phone numbers, dates of birth, financial account numbers, driver's license numbers, patient account numbers, billing account numbers, health insurance plan member ID, medical record number, dates of service, provider names, medical treatment information, or other sensitive personal information.

You may submit a Claim Form for Settlement benefits, outlined below, by visiting the Settlement website at www.EasternRadiologistsSettlement.com. **Claims must be submitted online or mailed by December 01, 2025. If you would prefer to submit by mail, please use the address at the top of this form.**

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a Claim for one of the Cash Payment options:

- A. **Expense Reimbursement:** You may submit a Claim Form and provide receipts or other reasonable documentation for unreimbursed losses related to the Cybersecurity Incident for up to \$5,000 per Settlement Class Member. Supporting documentation is required, and self-prepared documents are, on their own, insufficient.

Claims for Out-of-Pocket Losses may be reduced pro rata (a legal term meaning equal share) in the unlikely event that the amount of Valid Claims for Out-of-Pocket Losses exceeds \$200,000.

OR

- B. **Alternative Cash Payment:** Instead of Cash Payment A, without providing documentation, you may submit a Claim Form to receive a pro rata (a legal term meaning equal share) payment from the Common Fund after all costs associated with the Settlement have been paid. If all costs and payments exceed the Settlement Fund amount, this option could result in no payment.

AND

Medical Monitoring: In addition to Expense Reimbursement *or* Alternative Cash Payment, you may also submit a Claim Form to receive one year of free Medical Monitoring.

* * *

Please note: the Claims Administrator may contact you to request additional documents to process your Claim.

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

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

Contact Information

1. NAME (REQUIRED):

First Name

[illegible]

MI

Last Name

[illegible]

2. MAILING ADDRESS (REQUIRED):

Street Address

[illegible]

Apt. No.

[illegible]

City

[illegible]

State

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ZIP Code

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3. PHONE NUMBER:

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4. EMAIL ADDRESS:

[illegible]

5. UNIQUE ID:

[illegible]

Medical Monitoring Services

You may be eligible to receive free Medical Monitoring services.

All Settlement Class members are eligible to claim Medical Monitoring services.

Please select the checkbox if you want the Medical Monitoring services for which you are eligible.

☐

Medical Monitoring services: I want to receive twelve free months of Medical Monitoring services 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 or home address after the Settlement is final. Enrollment in this service will not subject you to marketing for additional services or any required payments.

Expense Reimbursement - Documented Expenses

If you lost or spent money relating to the Cybersecurity Incident and have not been reimbursed for the loss/expenses through any other source, you may receive reimbursement for up to \$5,000 total. Eligible expenses include those incurred after November 20, 2023, and prior to the Effective Date.

You must provide documents supporting the claimed loss to be eligible for reimbursement. Documentation must show what happened and how much you lost or spent. “Self-prepared” documents like handwritten receipts, personal certifications, or affidavits prepared by you are insufficient for reimbursement but can be used to add clarity or support other submitted documentation.

To look up more details about how the Expense Reimbursement works, visit **www.EasternRadiologistsSettlement.com** or call toll-free **1-888-884-2391**. Please also review the Long Form Notice on the Settlement Website, which provides examples of what documents you need to attach and the types of expenses that can be claimed. *By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data incidents or breaches.*



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Supporting Documents (Identify what you are attaching)	Amount and Date	Description of Expense or Money Spent (Identify what expense you incurred and how it's related to the Data Incident)
Unreimbursed Expenses <i>Examples: Statements of costs, expenses, losses, or charges as a result of falsified tax returns, Bank statements with fees, such as card reissuance, unreimbursed overdraft, and late fees, falsified tax returns</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/>
Unreimbursed Credit Monitoring <i>Examples: Costs of credit report(s), credit monitoring, freezing/unfreezing credit reports, and/or other identity theft insurance products purchased</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/>
Other Losses or Costs Resulting from Identity Theft or Fraud <i>Examples: Cost of postage, gas for local travel, or interest on payday loans due to card cancellation</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/>

Questions? Go to www.EasternRadiologistsSettlement.com or call 1-888-884-2391.



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Alternative Cash Payment

If you do not want to claim reimbursement for Out-of-Pocket Losses, you may instead claim a pro rata (a legal term meaning equal share) payment from the Common Fund after all costs associated with the Settlement have been paid. If all costs and payments exceed the Settlement Fund amount, this option could result in no payment.

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

Payment Selection

If eligible for a cash payment, please select one of the below methods of payment. If digital payment is selected (e.g., an ACH direct deposit or prepaid debit card), the payment method details and instructions will be sent to the email address provided in the Contact Information on your Claim Form. If digital payment is *not* selected, a physical check will be mailed to the address in the Contact Information on your Claim Form.

☐ **Check**

☐ **Digital Payment**

Signature

I affirm under the laws of North Carolina and 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 and that any claimed losses resulted from the Cybersecurity Incident.

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

Signature

Date: - -
MM DD YYYY

Print Name

Questions? Go to www.EasternRadiologistsSettlement.com or call 1-888-884-2391.