

Your claim must
be submitted
online or
postmarked by:
December 26, 2025

Hakkila et al. v. Neuromusculoskeletal Center Of The Cascades, PC

Case No. 25CV4659

Circuit Court of Deschutes County, Oregon

DATA INCIDENT SETTLEMENT CLAIM FORM

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GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Settlement Class this way: “All individuals to whom Defendants mailed written notification that their personal information was compromised in the Data Incident that occurred on or around October 2, 2023.”

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge’s family and staff; (2) Cascade and its officers and directors; (3) anyone who validly excludes themselves from the Settlement; and (4) anyone who perpetrated the Data Incident.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS

Cascade has agreed to pay for a number of different benefits. You have two options:

OPTION 1: Select one or more of the following benefits:

- Medical Data Monitoring Services
- Payment for Out-of-Pocket Expenses
- Payment for Losses from Identity Theft or Fraud
- Payment for Lost Time

OR

OPTION 2: Alternative Cash Payment.

- Receive a one-time \$80.00 cash payment

The benefits are explained in more detail below.

Medical Data Monitoring Services. All Class Members are eligible to enroll in two years of **CyEx Medical Shield Total**. This comprehensive service comes with \$1 million of medical identity theft insurance, and includes monitoring for:

- Healthcare insurance ID exposure
- Medical Record Number (MRN) exposure
- Unauthorized Health Savings Account (HSA) spending

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

Questions? Call (844) 496-1162 Toll-Free or Visit www.CascadeSurgiCenterSettlement.com

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Out-of-Pocket Expenses. If you incurred actual, documented out-of-pocket expenses due to the Data Incident, you can get back up to **\$500.00**. The losses must have occurred between October 2, 2023, and December 26, 2025.

This benefit covers out-of-pocket expenses like:

- Fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- Cost to replace your IDs
- Postage to contact banks by mail

You need to send proof, like receipts, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a valid claim.

Losses for Identity Theft or Fraud. If you lost money because of identity theft or fraud, you can get back up to **\$2,500.00**.

You will need to show that:

- The theft or fraud was probably caused by the Data Incident
- The losses are not already covered by **Out-of-Pocket Expenses**
- You tried to prevent the loss or get your money back, such as by using insurance you already have

The losses must have occurred between October 2, 2023, and December 26, 2025.

You need to send proof, like receipts, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a valid claim.

Cash Payment for Lost Time. Class Members who spent time responding to the Data Incident may claim up to four hours, at \$25.00 per hour, for a maximum of **\$100.00**.

You must have spent the time on tasks related to the Data Incident. Some examples include things like:

- Changing your passwords
- Investigating suspicious activity in your accounts
- Researching the Data Incident

You must briefly describe how you spent this time.

Alternative Cash Payment. Instead of *any other* benefits, you may claim a one-time **\$80.00** cash payment. You do not have to provide any proof or explanation to claim this payment.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

Questions? Call (844) 496-1162 Toll-Free or Visit www.CascadeSurgiCenterSettlement.com

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- Email: info@CascadeSurgiCenterSettlement.com
- Call toll free, 24/7: (844) 496-1162
- By mail: Cascade Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799

**THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
WWW.CASCADESURGICENTERSETTLEMENT.COM**

You may also print out and complete this Claim Form, and submit it by U.S. mail to:

Cascade Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799

An electronic image of the completed Claim Form can also be emailed to
info@CascadeSurgiCenterSettlement.com.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Unique ID (if known)

II. MEDICAL DATA MONITORING SERVICES

☐ Check this box if you would like to enroll in two years of Medical Data Monitoring Services.

III. CASH PAYMENT FOR OUT-OF-POCKET EXPENSES

☐ Check this box if you would like to claim reimbursement for documented out-of-pocket expenses. You can get back up to \$500.00.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount
<i>Example: Fee for credit report</i>	<i>\$40</i>
TOTAL CLAIMED:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

Questions? Call (844) 496-1162 Toll-Free or Visit www.CascadeSurgiCenterSettlement.com

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IV. CASH PAYMENT FOR LOSSES FROM IDENTITY THEFT OR FRAUD

- ☐ Check this box if you would like to claim reimbursement for documented losses due to identity theft or fraud. You can get back up to \$2,500.00.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount
<i>Example: Unauthorized bank transfer</i>	<i>\$500</i>
TOTAL CLAIMED:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

V. CASH PAYMENT FOR LOST TIME

If you spent time fixing problems caused by Data Incident, please select how many hours (up to four) you spent. You must have spent at least one hour to claim this benefit. You must briefly describe how you spent this time.

I spent (select only **one**): ☐ 1 hour (\$25.00) ☐ 2 hours (\$50.00) ☐ 3 hours (\$75.00)
☐ 4 hours (\$100.00)

Describe what you spent this time on: _____

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VI. ALTERNATIVE CASH PAYMENT

☐ Check this box if you want to claim a one-time \$80.00 cash payment.

DO NOT CLAIM THIS PAYMENT IF YOU ARE CLAIMING ANY OTHER BENEFIT FROM SECTION II, III, IV, OR V.

VII. PAYMENT SELECTION

Please select one of the following payment options, which will be used if you are claiming a cash payment.

☐ **PayPal**

Email address, if different than you provided in Section 1: _____

☐ **Venmo**

Mobile number, if different than you provided in Section 1: _____

☐ **Zelle**

Email address or mobile number, if different than you provided in Section 1: _____

☐ **Physical Check**

Payment will be mailed to the address provided in Section 1.

VII. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, and any supporting documentation, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date