CLAIM FORM FOR REGAL MEDICAL DATA BREACH LITIGATION BENEFITS

Head, et al. v. Regal Medical Group, Inc., et al.
Case No. 23STCV02939 (Los Angeles Sup. Ct.)

YOU MAY USE THIS FORM TO MAKE A CLAIM FOR IDENTITY THEFT MONITORING SERVICES AND/OR CASH PAYMENTS FOR FRAUD/OUT-OF-POCKET COSTS PAYMENTS, DOCUMENTED TIME PAYMENTS, AND/OR MONETARY PAYMENT

The DEADLINE to submit this Claim Form is: DECEMBER 22, 2025.

I. GENERAL INSTRUCTIONS

If you are one of the approximately 3,413,000 members or patients of Defendants who were notified around February or March 2023 about an incident that occurred in December 2022, whereby unauthorized parties potentially accessed your personally identifiable information and/or protected health information, including names, Social Security Numbers, addresses, dates of birth, diagnosis and treatment information, laboratory test results, prescription data, radiology reports, health plan member numbers and phone numbers ("Data Breach"), you are a Proposed Settlement Class Member and may be entitled to participate in the Settlement.

Defendants include Heritage Provider Network, Inc.; Regal Medical Group, Inc.; Lakeside Medical Organization, A Medical Group, Inc.; ADOC Acquisition Co., A Medical Group, Inc. d/b/a ADOC Medical Group; West Covina Plan IPA, Inc., A Medical Group d/b/a Greater Covina Medical Group, Inc.; Affiliated Doctors of Orange County Medical Group, Inc.; Arizona Health Advantage Inc.; AZPC Clinics LLC; Quality Care Surgery Center, LLC d/b/a Community Surgery Center of Glendale; Sun Eun Enterprise, Inc. d/b/a Pacific Family Hospice; and Valley's Best Hospice, Inc.

If you received a notice about this class action Settlement addressed to you, then the Settlement Administrator has already determined that you are a Proposed Settlement Class Member. If you are not sure whether you are a Proposed Settlement Class Member, you may go to the Settlement Website at **www.RegalMedicalSettlement.com** or email the Settlement Administrator at **info@RegalMedicalSettlement.com**. All Proposed Settlement Class Members will be Settlement Class Members, other than (i) the Judges presiding over the Action and the Related Actions and members of their families, (ii) the Defendants and their subsidiaries, parent companies, successors, predecessors, and any other entities in which the Defendants or their parent companies have a controlling interest as well as the Defendants' current or former officers, and directors, (iii) Persons with a Valid Request for Exclusion, and (iv) the successors or assigns of Persons with a Valid Request for Exclusion.

Settlement Class Members are eligible to receive three years of free medical and credit monitoring and identity theft insurance services ("Identity Theft Monitoring Services"); an approximate statutory cash payment amount expected to be between $357.97 and $68.72, if the participation rate is between 2% and 10%, respectively ("Monetary Payment"); a cash payment of up to $210 for up to 7 hours of documented time spent fairly traceable to the Data Breach valued at $30 per hour ("Documented Time Payment"); and a cash payment of up to $10,000 for documented losses and/or expenditures fairly traceable to the Data Breach ("Fraud/Out-of-Pocket Costs Payment", and together with Monetary Payments and Documented Time Payments, "Monetary Settlement Benefits").

The free Identity Theft Monitoring Services offered is Medical Shield Total provided by CyEx, valued at $29.95 per month. If you are already subscribed to Medical Shield Total with CyEx, three additional years will be added to your current plan for free.

CASH PAYMENTS AMOUNTS MAY BE REDUCED *PRO RATA* (PROPORTIONATELY) DEPENDING ON

HOW MANY PEOPLE SUBMIT SUCH CLAIMS. Additional payments may also be sent if the settlement amount is not exhausted. Complete information about the Settlement, its terms and its benefits are available at **www.RegalMedicalSettlement.com.**

This Claim Form may be (i) submitted online at **www.RegalMedicalSettlement.com** or (ii) completed and either mailed to the address below and/or emailed to the email address below. Please type or legibly print all requested information, in blue or black ink.

Mail your completed Claim Form, including any supporting documentation, to:

Regal Medical Data Breach Litigation
c/o Settlement Administrator
P.O. Box 25412
Santa Ana, CA 92799-9958

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

You must submit online, mail, or email your Claim Form by **December 22, 2025.**

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of any Monetary Settlement Benefits and provision of Identity Theft Monitoring Services, you must notify the Settlement Administrator in writing at the mailing address or email address above.

First Name | MI | Last Name

Alternative Name(s)

Mailing Address, Line 1

Mailing Address, Line 2

City | State | Zip Code

Telephone Number (Primary) ___-___-____

Telephone Number (Secondary) ___-___-____

Email Address

Date of Birth (MM/DD/YYYY)

		/			/				

Claim Number Provided on Notice (if known)

III. IDENTITY THEFT MONITORING SERVICES

If you wish to receive Identity Theft Monitoring Services, you must provide your email address in the space provided in Section II, above, and return this Claim Form. Submitting this Claim Form will not automatically enroll you into Identity Theft Monitoring Services. **To enroll, you must follow the instructions sent to your email address**, above, after the Settlement is approved and becomes final.

IV. MONETARY PAYMENT

If you wish to receive a Monetary Payment, you must fill out Section II, above, and return this Claim Form. A check will be mailed to the address you provided. The check amount will depend on the participation rate for the Settlement and the amount will be each Participating Settlement Class Member's pro rata share of the remaining Net Settlement Fund, after any Fraud/Out-of-Pocket Costs Payments, Documented Time Payments, Awards, Costs, and Expenses, and the cost of the Identity Theft Monitoring Services have been paid.

V. DOCUMENTED TIME PAYMENT

In addition to Identity Theft Monitoring Services, a Monetary Payment, and a Fraud/Out-of-Pocket Costs Payment (discussed in Section VI below), you may file a claim for a payment for Documented Time for $30 per hour for up to 7 hours of additional time you spent attempting to remedy or remedying issues fairly traceable to the Data Breach (including time spent addressing any identity fraud, theft, fraud, bank fees, card cancellations, credit card fees, late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, card cancellation or replacement fees, credit-related costs related to purchasing credit reports, credit or medical monitoring or identity theft protection, placing a freeze or alert on credit reports, and replacing a driver's license, state identification card, or social security number) incurred on or after December 1, 2022.

To make a claim for Documented Time: (i) select the number of hours (up to seven) you spent addressing or remedying issues caused by the Data Breach; (ii) sign the attestation at the end of this Claim Form; and (iii) submit Reasonable Documentation supporting your claimed time. Documented Time will be deemed fairly traceable to the Data Breach by the Settlement Administrator if the Documented Time occurred on or after December 1, 2022, and the Settlement Administrator determines the Documented Time incurred is related to the type of information allegedly disclosed in the Data Breach.

I spent (select only **one**):

☐ 1 hour ($30.00) ☐ 2 hours ($60.00) ☐ 3 hours ($90.00)
☐ 4 hours ($120.00) ☐ 5 hours ($150.00) ☐ 6 hours ($180.00)
☐ 7 hours ($210.00)

VI. FRAUD/OUT-OF-POCKET COSTS PAYMENT

In addition to Identity Theft Monitoring Services, a Monetary Payment, and a Documented Time Payment, you may also seek reimbursement for up to $10,000 of Fraud/Out-of-Pocket Costs you incurred that are fairly traceable to the Data Breach. Fraud/Out-of-Pocket Costs include unreimbursed losses and consequential expenses (including late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, card cancellation or replacement fees, credit-related costs related to purchasing credit reports, credit or medical monitoring or identity theft protection, costs to place a freeze or alert on credit reports, and costs to replace a driver's license, state identification card, or social security number) that are related to any unauthorized identity theft or fraud fairly traceable to the Data Breach and incurred on or after December 1, 2022.

In order to make a claim for Fraud/Out-of-Pocket Costs you must (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form; and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Fraud/Out-of-Pocket Costs will be deemed fairly traceable to the Data Breach by the Settlement Administrator if the Fraud/Out-of-Pocket Costs occurred on or after December 1, 2022, and the Settlement Administrator determines the Fraud/Out-of-Pocket Costs incurred is related to the type of information allegedly disclosed in the Data Breach.

Cost Type (Check all that apply)	**Date of Loss** (Approximate)	**Amount of Loss**	**Description of Reasonable Documentation** (What you are attaching and why)
☐ Losses from identity theft or fraud	☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)	$☐☐,☐☐☐.☐☐	*Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges.*
☐ Fees or costs incurred in connection with identity theft or fraud	☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)	$☐☐,☐☐☐.☐☐	*Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.*
☐ Lost interest or other damages resulting from delayed state and/or federal tax refund resulting from fraudulent tax return	☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)	$☐☐,☐☐☐.☐☐	*Examples: Letter from IRS or state taxing authority about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount thereof.*
☐ Credit freeze	☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)	$☐☐,☐☐☐.☐☐	*Examples: Notices or account statements reflecting payment for a credit freeze.*
☐ Financial monitoring purchased after December 1, 2022 through the date on which the Identity Theft Monitoring Services became available through the Settlement	☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)	$☐☐,☐☐☐.☐☐	*Examples: Receipts or account statements reflecting purchases made for identity theft protection and/or credit monitoring services.*

Cost Type (Check all that apply)	**Date of Loss** (Approximate)	**Amount of Loss**	**Description of Reasonable Documentation** (What you are attaching and why)
☐ Miscellaneous expenses such as notary, fax, postage, copying, mileage, and/or long-distance telephone charges	/ / (mm/dd/yyyy)	$, .	*Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (such as police station or IRS office), indication of why you traveled there (i.e. police report or letter from IRS regarding falsified tax return) and number of miles you traveled.*
☐ Other (provide detailed description)	/ / (mm/dd/yyyy)	$, .	*Please provide detailed description below or in a separate document submitted with this Claim Form.*

VII. PAYMENT SELECTION

☐ **PayPal**
Email address, if different than you provided in Section II:_____

☐ **Venmo**
Mobile number, if different than you provided in Section II:_____

☐ **Zelle**
Email address or mobile number, if different than you provided in Section II:_____

☐ **Virtual Prepaid Card**
Email address, if different than you provided in Section II:_____

☐ **Physical Check**
Payment will be mailed to the address provided in Section II.

VIII. ATTESTATION
(REQUIRED FOR FRAUD/OUT-OF-POCKET COSTS PAYMENT AND/OR DOCUMENTED TIME PAYMENT)

I, _____ [Name], declare that I expended the Documented Time and/or incurred the Fraud/Out-of-Pocket Costs claimed above as a result of the Data Breach.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____, in _____, _____.
[Date] [City] [State]

_____
[Signature]