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*Johnson et al. v. Physicians to Women, Inc. and Mid-Atlantic Women's Care, PLC,*  
United States District Court for the Western District of Virginia  
Case No. 7:24-cv-00144-MFU-CKM

**Settlement Claim Form**

**If you are a Settlement Class Member and wish to receive Credit Monitoring Services, medical monitoring, and a payment, your completed Claim Form must be postmarked on or before September 9, 2025, or submitted online on or before September 9, 2025.**

Please read the full Notice of this Settlement (available at [www.PTWandMAWCSettlement.com](http://www.PTWandMAWCSettlement.com)) carefully before filling out this Claim Form.

**To receive a Settlement Payment from this Settlement via an electronic payment, you must submit the Claim Form below electronically at [www.PTWandMAWCSettlement.com](http://www.PTWandMAWCSettlement.com) by September 9, 2025.**

To be eligible to receive any benefits from the Settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail:

**ONLINE:** Submit this Claim Form.

**MAIL:** *Johnson v. Physicians to Women and Mid-Atlantic Women's Care, c/o Kroll Settlement Administration LLC, P.O. Box 5324, New York, NY 10150-5324*

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**PART ONE: CLAIMANT INFORMATION**

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Please provide the Class Member ID that the Settlement Administrator provided to you in the postcard or email notifying you of the Settlement. If you do not have this information but believe you may be a Settlement Class Member, please contact the Settlement Administrator at (833) 421-9603.

Class Member ID: 83039 \_\_\_\_\_

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Questions? Go to [www.PTWandMAWCSettlement.com](http://www.PTWandMAWCSettlement.com) or call toll-free (833) 421-9603.



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FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

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## PART TWO: CASH PAYMENT

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To qualify for a cash payment, you must be one of the individuals identified by Defendants as having information at issue in the April 2023 Security Incident.

☐ Check this box if you are requesting a *pro rata* cash payment from this Settlement.

**POTENTIAL CASH PAYMENT:** You may be entitled to receive a cash payment of a *pro rata* share of the Net Settlement Fund (after Settlement Administration Notice, Costs and Expenses, attorney's fees and costs, Service Award Payments, Credit Monitoring Services, and reimbursement for Out-of-Pocket Losses). The cash will be sent in the form of a check, unless otherwise indicated. If you would like payment in a different electronic form, please file your claim online at [www.PTWandMAWCSettlement.com](http://www.PTWandMAWCSettlement.com).

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## PART THREE: Out-of-Pocket Loss

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☐ Check this box if you are requesting compensation for **Out-of-Pocket Loss**, fairly traceable to the Security Incident, up to a total of \$10,000.

If you incurred Out-of-Pocket Losses that are fairly traceable to the Security Incident that were incurred or spent between April 4, 2023, and June 18, 2025, you may request reimbursement for those documented expenses. Out-of-Pocket losses include unreimbursed bank fees, long distance phone and cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage or gasoline for local travel, and fees for credit reports, credit monitoring or other identity theft insurance products purchased as a result of the Security Incident.

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**\*You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

*Complete the chart below describing the supporting documentation you are submitting.*

<i>Description of Documentation Provided</i>	<i>Date</i>	<i>Amount</i>
<i>Example: Receipt for credit score repair services</i>	<i>05/30/23</i>	<i>\$100</i>
<b>TOTAL AMOUNT CLAIMED:</b>		

**Required: Attach a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).**

☐ *Check this box only if you declare: “I declare that I was a Medicare beneficiary during the time period of April 4, 2023 through the date of submission of this Claim Form and I am seeking benefits in this Settlement related to emotional distress.” If you were a Medicare beneficiary at any time during the period of April 4, 2023 to present and are seeking any reimbursement for emotional distress, please contact the Settlement Administrator at (833) 421-9603 to provide additional information necessary for Medicare reporting requirements.*

*Leave this box unchecked if either: (i) you were not a Medicare beneficiary during the time period of April 4, 2023 to the present; or (ii) if you were a Medicare beneficiary at any time during the period from April 4, 2023 through the date of submission of this Claim Form and are not seeking any reimbursement for emotional distress from this Settlement.*

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### **PART THREE: CREDIT MONITORING SERVICES**

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**Questions? Go to [www.PTWandMAWCSettlement.com](http://www.PTWandMAWCSettlement.com) or call toll-free (833) 421-9603.**



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- ☐ Check this box if you wish to claim two years of CyEx Medical Shield Complete medical monitoring, which includes (among other things) one-bureau Credit Monitoring Services for two (2) years, as well \$1,000,000 in medical identity theft insurance.

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**PART FOUR: ATTESTATION UNDER PENALTY OF PERJURY**

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I declare under penalty of perjury under the laws of the United States of America that I have been a patient of Physicians to Women. I further attest that all of the information on this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review.

**SIGNATURE**

**DATE**

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

Once you've completed all applicable sections, please submit this Claim Form and all required documents either: Online at [www.PTWandMAWCSettlement.com](http://www.PTWandMAWCSettlement.com) by **September 9, 2025**; or mail this Claim Form and all required supporting documentation to the address provided below, postmarked by **September 9, 2025**.

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c/o Kroll Settlement Administration LLC  
P.O. Box 5324  
New York, NY 10150-5324

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