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WELLSTAR PIXEL SETTLEMENT CLAIM FORM
Doe v. Wellstar Health System
Case No. 1:24-cv-01748
United States District Court for the Northern District of Georgia

USE THIS FORM TO MAKE A CLAIM FOR A CASH PAYMENT.

This Claim Form must be postmarked or submitted online by November 10, 2026.

I. GENERAL INSTRUCTIONS

Plaintiffs allege that Defendant, Wellstar Health System, Inc., disclosed Settlement Class Members' personally identifiable information and protected health information ("Private Information") to third parties including, but not limited to, Meta Platforms, Inc. d/b/a Meta and Google LLC via tracking pixels, cookies, and other tracking technologies ("Tracking Technologies") installed on Defendant's website and patient portal ("Web Properties"). Plaintiffs allege that Defendant's implementation and usage of the Tracking Technologies resulted in the invasion of Plaintiffs' and Settlement Class Members' privacy. Defendant denies the allegations in the lawsuit but has agreed to settle the lawsuit. The Court has not decided which party is right.

You are a member of the Settlement Class if you are a person residing in the United States whose information was disclosed to a third party between February 19, 2020, and July 22, 2026, through Tracking Technologies on Wellstar's Web Properties.

As a Settlement Class Member, you may be eligible to submit a Claim Form to receive a pro rata (a legal term meaning equal share) cash payment from the $4,250,000 Settlement Fund.

The amount of your cash payment will be determined after deducting Notice and Settlement Administration Costs and all Court-approved Service Awards and Attorneys' Fees and Expenses Awards from the Settlement Fund.

This Claim Form may be submitted online at WellstarDataPrivacySettlement.com or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. Mail to the following address:

WELLSTAR PIXEL SETTLEMENT
P.O. Box 2197
Portland, OR 97208-2197

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If your information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

First Name | M.I. | Last Name

Mailing Address, Line 1: Street Address/P.O. Box

Mailing Address, Line 2

City | State | ZIP Code

Telephone Number

– –

Email Address

Unique ID Number Provided on Mailed Notice (if known)

Questions? Go to WellstarDataPrivacySettlement.com, or call 1-877-417-7863.

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III. PREFERRED PAYMENT METHOD

If your Claim is eligible, you will receive payment by check unless you select one of the electronic payment options below and provide the email address **or** phone number associated with your account:

Please fill out **ONLY ONE** of the payment options below.

#1 Digital Payment Account – Payment Option

☐ PayPal ☐ Venmo ☐ Zelle

*Provide the email **OR** phone number, **NOT** both, associated with your selected digital payment account.*

Email Address

OR Phone Number

– –

#2 ACH Transfer: Direct Electronic Payment to a Bank Account – Payment Option

☐ Checking Account ☐ Savings Account

Routing Number

Account Number

If you select more than one payment option, you will be mailed a check.

IV. CERTIFICATION

I declare under penalty of perjury under the laws of the United States that the information I have provided in this Claim Form is true and correct to the best of my knowledge. I understand that this Claim Form may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim Form or additional information from me. I also understand that all cash payments are subject to the availability of Settlement Funds and may be reduced in part or in whole, depending on the type of Claim and the determinations of the Settlement Administrator.

Signature

Date: – –
MM DD YYYY

Print Name

Questions? Go to WellstarDataPrivacySettlement.com, or call 1-877-417-7863.