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Must be postmarked or submitted online NO LATER THAN Jan. 26, 2027

Marcantel v Doctors Imaging Group
SETTLEMENT ADMINISTRATOR
P.O. BOX 2810
PORTLAND, OR 97208-2810
DIGDataSettlement.com

Jessica Marcantel et al. v. Doctors Imaging Group, LLC Claim Form

Case No. 01-2025-CA-002937

GENERAL INFORMATION

If your Private Information may have been impacted in the Data Incident involving Doctors Imaging Group, LLC, between November 5, 2024, and November 11, 2024, you may be entitled to Settlement Class Member Benefits from a Settlement.

You may submit a Claim Form for Settlement Class Member Benefits, outlined below, by visiting the Settlement Website at DIGDataSettlement.com. Claims must be submitted online or postmarked by Jan. 26, 2027. If you would prefer to submit by mail, please use the return address at the top of this form.

The easiest way to submit a Claim is online at DIGDataSettlement.com, or you can print out, complete, and mail this entire Claim Form (with any required documentation) to the mailing address above.

SETTLEMENT CLASS MEMBER BENEFITS – WHAT YOU MAY GET

If you are a Settlement Class Member, you can submit a Claim Form for the following Settlement Class Member Benefits:

1. **Cash Payment for Documented Losses:** Up to $2,500.00 for reasonable documented losses fairly traceable to the Data Incident. You *must* provide documentation of your losses with your Claim.

   AND/OR

2. **Medical Data Monitoring:** Two years of free Medical Data Monitoring.

* * *

Please note: The Settlement Administrator may contact you to request additional documents to process your Claim Form.

For more information and complete instructions, visit the Settlement Website at **DIGDataSettlement.com.**

Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes final.

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Contact Information

1. NAME (REQUIRED):

First Name | MI | Last Name

2. MAILING ADDRESS (REQUIRED):

Street Address

Apt. No.

City | State | ZIP Code

3. PHONE NUMBER:

– –

4. EMAIL ADDRESS:

5. UNIQUE ID:

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Medical Data Monitoring

In addition to the Cash Payment for Documented Losses, you may also submit a Claim Form to receive two years of Medical Data Monitoring. You must provide your email address on your Claim Form to receive your Medical Data Monitoring activation code. The code will be emailed to you after final Settlement approval.

☐ **Medical Data Monitoring:** I want to receive two years of free Medical Data Monitoring services at the email address entered in the above section.

If you select this option, you will be sent instructions and an activation code to your provided email address listed above after the Settlement is final.

After Final Approval, go to DIGDataSettlement.com or call toll-free 1-877-239-8764 for instructions on how to activate your Medical Data Monitoring code.

PAYMENT ELECTION

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 Physical Check to be Sent by Mail – Payment Option

Sent by mail to the address on this Claim.

☐ Physical Check

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

Questions? Go to **DIGDataSettlement.com** or call **1-877-239-8764.**

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Cash Payment for Documented Losses

You may submit a Claim Form with reasonable documentation fairly traceable to the Data Incident for up to $2,500.00 per Settlement Class Member.

Examples of Documented Losses include (but are not limited to) unreimbursed losses if (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Incident; and (iii) the loss was incurred after the date of the Data Incident.

Examples of reasonable documentation include, but are not limited to telephone records, correspondence including emails, or receipts. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to clarify or support other submitted reasonable documentation.

You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source, including payment provided in connection with any credit monitoring and identity theft protection product.

If you do not submit reasonable documentation supporting your loss, or if the Settlement Administrator determines your Claim is incomplete, and you do not fix your Claim, your Claim will be rejected.

For more details about how the Cash Payment works, visit **DIGDataSettlement.com** or call toll-free **1-877-239-8764.** *By filling out the boxes below, you are certifying that the money you spent does not relate to other data incidents or breaches.*

Expense Type and Examples of Documents	Amount and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
Professional fees incurred that are fairly traceable to the Data Incident, such as falsified tax returns and account fraud *Examples: Receipts, notices, or account statements reflecting payment for a credit freeze or unfreezing*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Other losses or costs that are fairly traceable to the Data Incident *Examples: Account statement with unauthorized charges circled; bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Other miscellaneous expenses such as notary, fax, postage, copying, mileage, and/or long-distance telephone charges fairly traceable to the Data Incident *Examples: Phone bills, receipts, detailed list of addresses you traveled (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____

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Signature

I attest under penalty of perjury and under the laws of 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.

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

Signature

Date MM – DD – YYYY

Print Name