

PROOF OF CLAIM

MRO Corporation, CIOX Health, LLC and Medi-Copy Services, Inc.
P.O Box 23668, Jacksonville, FL 32241-3668

Re: Wilson et al. v. CIOX Health, LLC, et al., Civil Action No. 2:16-CV-05279, United States District Court for the Southern District of West Virginia, Charleston Division

Dear Class Member:

With this Proof of Claim, you are receiving a “Notice of Pendency of Class Action and Proposed Settlement,” which more fully explains this case and the terms of the tentative settlement among the Parties therein. As set forth in the Notice, in order for you or your client/patient to have the opportunity to become eligible for a Monetary Settlement Payment for each qualifying release of information request for copies of medical records from a West Virginia Medical Provider between December 1, 2010 and July 5, 2017 (the “Class Period”), which were processed by MRO Corporation, CIOX Health, LLC, HealthPort Technologies, LLC, and/or Medi-Copy Services, Inc. (collectively, “Defendants”) and for which payment was rendered, you must: (1) complete all required portions of this Claim Form; (2) sign the Claim Form under penalty of perjury; and (3) follow all the instructions herein, before submitting. Your signed, completed Claim Form must be postmarked to the Claim Administrator, American Legal Claim Services, LLC, **or submitted electronically, no later than June 28, 2024.**

***This Claim Form can also be completed on the Settlement Webpage:
www.WilsonWVClassSettlement.com.***

You may obtain a list of potentially eligible invoice(s) (including invoice number, invoice date, patient name, name of the West Virginia Medical Provider, and amount paid) from the Claim Administrator to assist in completing this Proof of Claim Form. For each potentially eligible invoice, you must submit a separate Proof of Claim Form.

NO CLAIM FORM WILL BE ACCEPTED BY MRO CORPORATION; CIOX HEALTH, LLC; HEALTHPORT TECHNOLOGIES, LLC; MEDI-COPY SERVICES, INC., OR AT ANY WEST VIRGINIA MEDICAL PROVIDER SERVICED BY THE DEFENDANTS.

The Monetary Settlement Payment for each eligible request will be calculated as follows:

- Subclass 1: December 1, 2010 to June 5, 2014, Release of Information requests from Patients, Insurance Companies or Attorneys:
 - any Attorney or Insurance Company, pursuant to written authorization, or Patient who, on one or more occasions between December 1, 2010 and June 5, 2014, sought, in writing, copies of a patient’s medical records from a West Virginia Medical Provider serviced by Defendants and paid a per-page fee to obtain copies, shall obtain the difference between the per-page fee paid and the negotiated fee of \$0.50 per page. For example, a Release of Information requestor that paid \$0.75 per page for 1,000 pages of medical records during the subject time period, would be reimbursed \$250.00 (\$0.25 per-page difference x 1,000 pages).
- Subclass 2: June 6, 2014 to July 5, 2017, Release of Information requests from Patients:
 - any Patient who, on one or more occasions between June 6, 2014, and July 5, 2017, sought, in writing, copies of his/her medical records from a West Virginia Medical Provider serviced by Defendants and paid a per-page fee to obtain copies, shall obtain the difference between the per-

page fee paid for their records and the negotiated fee of \$0.12 per page. For example, a patient that requested their copies of their records and paid \$0.49 per-page for 1,000 pages of medical records during the subject time period, would be reimbursed \$370.00 (\$0.37 per-page difference x 1,000 pages).

- Subclass 3: June 6, 2014 to July 5, 2017, Release of Information requests from Attorneys or Insurance Companies:
 - any Attorney or Insurance Company, pursuant to a written authorization, who, on one or more occasions between June 6, 2014, and July 5, 2017, sought, in writing, copies of a patient's medical records from a West Virginia Medical Provider serviced by Defendants and paid a per-page fee to obtain copies, shall obtain the difference between the per-page fee paid for medical records and the negotiated fee of \$0.28 per page. For example, an attorney that requested medical records and paid \$0.55 per page for 1,000 pages of medical records during the subject time period, would be reimbursed \$270.00 (\$0.27 per-page difference x 1,000 pages).
- Subclass 4: June 6, 2014 to July 5, 2017, Release of Information requests from Patients, Insurance Companies or Attorneys:
 - any Attorney or Insurance Company, pursuant to a written authorization, or Patient who, on one or more occasions between June 6, 2014, and July 5, 2017 sought, in writing, copies of a patient's medical records from a West Virginia Medical Provider serviced by Defendants, and paid a retrieval fee assessed by Defendants between June 6, 2014 and July 5, 2017, shall be reimbursed the entire retrieval fee.

If you have any questions with regard to completing this Claim Form, write to Counsel for Plaintiffs and the Settlement Class: William Tiano, Tiano O'Dell, PLLC, 118 Capitol Street, Charleston, West Virginia 25301; Steven S. Wolfe of Wolfe, White & Associates, 60 Water Street, Logan, West Virginia, 25601; Stephen P. New of Stephen New & Associates, 430 Harper Park Drive, Beckley, West Virginia, 25801; Amanda J. Taylor of Taylor, Hinkle & Taylor, 115 ½ South Kanawha Street, Beckley, West Virginia, 25801; or D. Adrian Hoosier, II, Hoosier Law Firm, PLLC, 213 Hale Street, Suite 100, Charleston, West Virginia, 25301. **Do not contact the Court; MRO Corporation, CIOX Health, LLC, HealthPort Technologies, LLC, or Medi-Copy Services, Inc.; or MRO Corporation, CIOX Health, LLC and/or Medi-Copy Services, Inc.'s counsel** for advice or information about this Settlement. It is your responsibility to make sure that your Claim Form is timely received; the Parties and their attorneys cannot assume responsibility for Claim Forms that are not received. You should keep a copy of your completed Claim Form for your records. **Claim Forms that do not comply with all requirements herein shall be deemed invalid.**

Only Attorneys or Insurance Companies that requested copies of medical records during the Class Period (i.e., not a government agency, or some other entity not acting through an attorney or on behalf of the patient or an authorized representative or authorized agent), clients of attorneys who reimbursed their attorney for per page or retrieval fees for copies of a patient's medical records pursuant to a written authorization, or the patient themselves are potentially eligible to recover under this settlement. If the patient or client did not reimburse the attorney for the payment to MRO Corporation, CIOX Health, LLC, HealthPort Technologies, LLC, and/or Medi-Copy Services, Inc.'s invoice(s) as of the date of this Notice, then the attorney is entitled to recover the settlement amount indicated above. If the patient or client reimbursed the attorney by any means (i.e., retainer, direct payment, deduction from settlement proceeds, or cost judgment), then the patient or client is eligible to recover. To recover, please fill out the required sections and sign where indicated below or go to the Settlement Webpage and follow the instructions to register thereon.

Provider serviced by any of the Defendants and paid a per-page fee to obtain copies; (ii) between June 6, 2014 to July 5, 2017, sought, in writing, copies of patient's medical records from a West Virginia Medical Provider serviced by any of the Defendants and paid a per-page fee to obtain copies; or (iii) between June 6, 2014 to July 5, 2017, sought, in writing, copies of patient's medical records from a West Virginia Medical Provider serviced by any of the Defendants and paid a retrieval fee to obtain the copies.

2. If I am a non-patient making a claim for myself for medical records requested on behalf of or pursuant to an authorization or release executed by a patient, I certify that I have not previously been reimbursed by my client, any of the Defendants or any other party, either directly or indirectly, for the claim set forth in this Proof of Claim Form.
3. If I am a patient making a claim on behalf of myself for medical records requested by a non-patient (i.e., insurance company, attorney or law firm) for which i provided reimbursement, I certify that I have not already been reimbursed by any of the Defendants or any other party, either directly or indirectly, for the claim set forth in this Proof of Claim.
4. If I am a patient making a claim on behalf of myself for medical records that I requested, I certify that I have not already been reimbursed by any of the Defendants or any other party, either directly or indirectly, for the claim set forth in this Proof of Claim.
5. Neither I nor the patient, as applicable, has previously entered into a settlement for the claim set forth in this Proof of Claim Form.
6. Neither I nor the patient, as applicable, has assigned my/their claim to any person or been reimbursed by any other person, and to my knowledge no other person has submitted a Proof of Claim Form related to this claim.
7. I understand that the claim in this Proof of Claim Form may be audited for veracity and accuracy. I agree to provide in a timely manner any additional necessary information within my possession as requested by the Claims Administrator to validate this claim, and I understand that this claim may be rejected if I fail to respond to a request by the Claims Administrator for additional information.
8. If I am completing this form on behalf of a firm, I have full authority to bind the firm.

By checking this box, I certify under penalty of perjury that the information provided on this Claim Form is true and correct.

Date

Signature

Title

Firm/Company Name