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Hogsed et al. v. PracticeMax, Inc., Case No. 2:22-cv-01261-PHX-DLR (D. Ariz.)

SETTLEMENT CLAIM FORM

TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT *PracticeMaxDataSettlement.com* NO LATER THAN **FEBRUARY 24, 2024**.

ATTENTION: *This Claim Form is to be used to apply for relief related to the Data Security Incident that PracticeMax, Inc. discovered in early 2021 and publicly announced in June 2022, which potentially affected all individuals to whom PracticeMax sent notice. Class Members are eligible to receive each of the following benefits: (1) compensation for lost time of up to three hours at \$25 per hour for a maximum of up to \$75 per person; (2) compensation for ordinary losses, which are documented out-of-pocket expenses incurred as a result of the Data Security Incident, up to a maximum of \$500 per person upon submission of a claim and supporting documentation; (3) compensation for extraordinary losses, up to a maximum of \$3,500 to each claimant who was the victim of actual documented identity theft for proven monetary losses; and (4) two years of single-bureau credit monitoring and identity theft protection with \$1 million in insurance.*

To submit a claim, you must have been identified as an individual whose Private Information was maintained on the PracticeMax database that was compromised during the Data Incident and received Notice of this Settlement with a Unique ID.

Please review this entire Claim Form. Failure to submit required documentation, or to complete all necessary parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.

ASSISTANCE: *If you have questions, please visit the Settlement Website at PracticeMaxDataSettlement.com or call 1-877-399-1153.*

REGISTRATION:

1. NAME (Required):

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. MAILING ADDRESS (Required):

Address		
<input type="text"/>		
Apt. No.		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. PHONE NUMBER:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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4. EMAIL ADDRESS:

<input type="text"/>

5. UNIQUE ID (Please provide the Unique ID identified on the Notice that was sent to you):

<input type="text"/>

Instructions. Please follow the instructions below and answer the questions as instructed.



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CREDIT MONITORING SERVICES

All class members are eligible to claim two (2) years of single-bureau credit monitoring and identity theft protection with \$1 million in insurance.

Please select the checkbox if you want the Credit Monitoring Services for which you are eligible.

Credit Monitoring Services: I want to receive free Credit Monitoring Services.

If you select this option, you will be sent instructions and an activation code after the settlement is final to your email address or home address. Enrollment in this service will not subject you to marketing for additional services or any required payments.

LOST TIME

All Members of the Class may submit a Claim for Lost Time at a rate of \$25/hour if at least one hour of time was spent in response to the Data Breach, remedying fraud, identity theft, or other alleged misuse of personal information caused by the Data Breach or spent on preventative and remedial measures to protect personal information that were caused by the Data Breach. You may claim up to 3 hours of lost time at \$25 per hour (\$75 maximum) under this settlement benefit. This payment is included in the per person cap for Compensation for Ordinary Losses.

I attest that I spent (check one if applicable) 1 hour 2 hours 3 hours in response to the PracticeMax data security incident.

ORDINARY LOSSES

The Settlement provides reimbursement for ordinary out-of-pocket losses or expenses incurred on or after May 1, 2021, as a result of the Data Security Incident, up to a maximum reimbursement of \$500. Examples of losses or expenses that can be reimbursed include, but are not limited to, bank fees, long-distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, gasoline for local travel, or fees for credit reports, credit monitoring, or other identity theft insurance product purchased between May 1, 2021, and October 5, 2023 (the date of the Settlement Agreement). To obtain reimbursement, you must provide a brief description of what the losses or expenses were for and provide supporting third-party documentation, such as receipts, bank statements, or reports.

This list of reimbursable documented out-of-pocket expenses is not meant to be exhaustive, rather it is exemplary. Settlement Class Members may make claims for any documented out-of-pocket losses reasonably related to the Data Security Incident or to mitigating the effects of the Data Security Incident. The Claims Administrator shall have discretion to determine whether any claimed loss is reasonably related to the Data Security Incident.

Please check this box if you suffered any financial expenses or losses that you believe were incurred as a result of the Data Incident.



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If you suffered any financial expenses or losses that you believe were incurred as a result of the Data Incident, for each loss or expense, please provide a short description of the loss, the date of the loss, and the type of documentation you will be submitting to support the loss. You must provide ALL of this information for this claim to be processed. Supporting documents must also be submitted with this Claim Form. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. Please provide only copies of your supporting documents and keep all originals for your personal files.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text" value="0"/> <input type="text" value="6"/> MM </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text" value="1"/> <input type="text" value="7"/> DD </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text" value="2"/> <input type="text" value="2"/> YY </div> </div>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="5"/> <input type="text" value="0"/> . <input type="text" value="0"/> <input type="text" value="0"/>	Copy of identity theft protection service bill
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> MM </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> DD </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> YY </div> </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
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EXTRAORDINARY LOSSES

I am submitting a claim for extraordinary monetary losses on account of losses I incurred as a result of the Data Security Incident involving PracticeMax. I understand that I am required to provide supporting third-party documentation and to support my claim for these losses, such as providing copies of any receipts, bank statements, reports, or other documentation supporting my claim. This can include receipts or other documentation not “self-prepared” by you. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. The Claims Administrator may contact you for additional information before processing your claim. If you do not have information supporting your claim for extraordinary expenses, you likely will not receive compensation for this settlement benefit. **Any monetary compensation you may receive under the Settlement is capped at \$3,500 for extraordinary losses.**

Please check this box if you suffered any extraordinary losses that you believe were incurred as a result of the Data Incident.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Fees paid to a professional to remedy a falsified tax return	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">0 2 MM</div> <div>–</div> <div style="text-align: center;">3 0 DD</div> <div>–</div> <div style="text-align: center;">2 3 YY</div> </div>	\$ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">0</div> </div> • <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">0</div> </div>	Copy of identity theft protection service bill
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">[] [] MM</div> <div>–</div> <div style="text-align: center;">[] [] DD</div> <div>–</div> <div style="text-align: center;">[] [] YY</div> </div>	\$ [] [] [] [] [] [] • [] []	
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FORM OF PAYMENT

By mailing this form to the Claims Administrator, you will receive payment for your losses under this Settlement in the form of a check. If you wish to receive an electronic payment, you must submit your Claim Form online at PracticeMaxDataSettlement.com.

CLASS MEMBER AFFIRMATION

By submitting this Claim Form and signing my name below, I declare that I received notification from PracticeMax, Inc. or the Claims Administrator that I am a potential Class Member. I declare under penalty of perjury that any losses or expenses identified above were suffered by me on or after May 1, 2021, and that the information I provided is true and accurate to the best of my knowledge.

Signature:

Date: - -
MM DD YYYY

TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT PRACTICEMAXDATASETLEMENT.COM NO LATER THAN FEBRUARY 24, 2024.