

MDX Settlement Administrator
P.O. Box 301172
Los Angeles, CA 90030-1172

MDX



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

*In re: Mednax Services, Inc.
Data Security Breach Litigation*

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. 21-MD-02994-RAR

**Must Be Postmarked
No Later Than
September 9, 2024**

Claim Form for Cybersecurity Incident Benefits

COMPLETE AND SIGN THIS FORM AND FILE ONLINE NO LATER THAN **September 9, 2024** AT
www.MednaxAASettlement.com, OR FILE BY MAIL POSTMARKED BY **September 9, 2024**.

*You **must** use this form to make a claim for lost time payments, out-of-pocket loss payments, and free credit monitoring.*

Questions? Call 1-877-403-0009 or visit the website, **www.MednaxAASettlement.com**

CLASS MEMBER INFORMATION

<input type="text"/>			<input type="text"/>	<input type="text"/>		
First Name	M.I.	Last Name				
<input type="text"/>						
Parent or Legal Guardian Full Name (if submitting on behalf of a minor child)						
<input type="text"/>						
Primary Address						
<input type="text"/>						
Primary Address Continued						
<input type="text"/>				<input type="text"/>	<input type="text"/>	
City				State	ZIP Code	
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>		
Area Code	Telephone Number					
<input type="text"/>						
Email Address (This field is required to receive medical monitoring. If provided, we will also communicate with you about your claim primarily by email.)						
<input type="text"/>						
Unique Claim Form Identifier						

This lawsuit involves claims that Defendants are responsible for a cybersecurity incident involving the unauthorized access to certain Mednax Microsoft Office365 email accounts that was the subject of notices provided by Defendants in or around December 2020 and January 2021 (the "Incident").

If you received a notice of this Settlement by U.S. mail, your Unique Claim Form Identifier is on the envelope or postcard. If you misplaced your notice, please contact the Settlement Administrator at 1-877-403-0009 or www.MednaxAASettlement.com. If you received substitute notice of the Incident (i.e., if you believe your personal information was involved in the cybersecurity Incident but you did not receive written notice from Mednax or American Anesthesiology in or around December 2020 or January 2021), you must include along with your claim non-self-prepared documentation demonstrating that you or your minor child(ren) received services from a Mednax-affiliated physician or American Anesthesiology prior to June 17, 2020. If you do not include either a Unique Claim Form Identifier or the documentation referenced above, your claim will be denied.

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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SETTLEMENT OVERVIEW

Compensation for Out-of-Pocket Expenses: If you have incurred actual, unreimbursed expenses as a result of the cybersecurity Incident, you can make a claim for reimbursement for up to \$5,000.00. Out-of-Pocket Expenses include: (i) unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your Personal Information; (ii) costs incurred on or after December 16, 2020 associated with accessing, freezing, or unfreezing credit reports with any credit reporting agency; (iii) other miscellaneous expenses incurred related to any out-of-pocket expense such as notary services, faxing, postage, copying, mileage, and long-distance telephone charges; and (iv) credit monitoring or other mitigating costs that were incurred on or after December 16, 2020 through the date of submission of this Claim Form. You must include documentation to support that the out-of-pocket expenses were the result of the cybersecurity Incident. If you received substitute notice of the Incident (i.e., if you believe your personal information was involved in the cybersecurity Incident but you did not receive written notice from Mednax or American Anesthesiology in or around December 2020 or January 2021), you must also include non-self-prepared documentation demonstrating that you or your minor child(ren) received services from a Mednax-affiliated physician prior to June 17, 2020.

Compensation for Lost Time: If you spent time researching or remedying issues relating to the cybersecurity Incident or took actions in response to receiving a Notice of Security Incident from Defendants, you can make a claim for reimbursement for up to 4 hours of time at a rate of \$30.00 per hour. To submit a valid claim, you must attest that the time and/or effort spent was incurred as a result of the cybersecurity Incident. If you spent more than 4 hours researching or remedying issues relating to the cybersecurity Incident or taking actions in response to receiving a Notice of Security Incident from Defendants, you may submit a claim for up to ten (10) additional hours at a rate of \$30.00 per hour. To submit a valid claim for this additional time, you must include non-self-prepared documentation supporting the time spent. If you received substitute notice of the Incident (i.e., if you believe your personal information was involved in the cybersecurity Incident but you did not receive written notice from Mednax or American Anesthesiology in or around December 2020 or January 2021), to seek any amount of compensation for lost time, you must also include non-self-prepared documentation demonstrating that you or your minor child(ren) received services from a Mednax-affiliated physician prior to June 17, 2020.

Medical Monitoring: You can submit a claim for three years of medical monitoring and medical fraud protection services. If you received substitute notice of the Incident (i.e., if you believe your personal information was involved in the cybersecurity Incident but you did not receive written notice from Mednax or American Anesthesiology in or around December 2020 or January 2021), to receive medical monitoring and fraud protection services, you must also include non-self-prepared documentation demonstrating that you or your minor child(ren) received services from a Mednax-affiliated physician prior to June 17, 2020.

ALL BENEFITS (AND THE AMOUNT PAID TO SETTLEMENT CLASS MEMBERS UNDER THIS SETTLEMENT) MAY BE HIGHER OR LOWER DEPENDING ON THE TOTAL AMOUNT OF APPROVED CLAIMS.

Failure to provide all required information will result in your claim being rejected by the Settlement Administrator.

1. Were you sent a written notice that your information may have been involved in the cybersecurity Incident?

Yes (*proceed to Question 3*) No (*Proceed to Question 2*)

2. Do you believe you received substitute notice of the cybersecurity Incident?

Yes (*You must submit documentation demonstrating that you or your minor child(ren) received services from a Mednax-affiliated physician prior to June 17, 2020, and proceed to Question 3*) No (*You are not eligible to submit a claim*)

CLAIM FOR MEDICAL MONITORING

3. Do you wish to receive three years of medical monitoring and medical fraud protection services? [Note you must provide a valid email address above to receive this benefit.]

Yes (*Please include your email on the first page and proceed to Question 4*)

CLAIM FOR LOST TIME PAYMENT

4. Did you spend time addressing issues related to the cybersecurity Incident?

Yes (*proceed to Question 5*) No (*Proceed to Question 6*)

5. If you selected “Yes” for Question 4, please fill out the below statement indicating how many hours you spent addressing issues related to the cybersecurity Incident.

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Total hours (up to 14) addressing issues related to the cybersecurity Incident to be reimbursed at a rate of \$30.00 per hour.

Reminder: If you are seeking compensation for more than 4 hours of lost time, you must include supporting documentation that is not self-prepared with this Claim Form. Failure to submit supporting documentation will result in denial of your claim for additional lost time.

Please proceed to Question 6.

CLAIM FOR REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

6. Do you have documentation supporting that you experienced (i) unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your Personal Information; (ii) costs incurred on or after December 16, 2020 associated with accessing, freezing, or unfreezing credit reports with any credit reporting agency; (iii) other miscellaneous expenses incurred related to any out-of-pocket expense such as notary services, faxing, postage, copying, mileage, and long-distance telephone charges; and/or (iv) credit monitoring or other mitigating costs that were incurred on or after December 16, 2020 through the date of submission of this Claim Form? You may submit a claim, with supporting documentation, for up to \$5,000.00 in out-of-pocket expenses.

Yes (Please complete the chart below and then proceed to Certification and Signature) No (You are not eligible to submit a claim for out-of-pocket expenses. Please proceed to Certification and Signature)

Loss Type (Fill in all that apply)	Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="radio"/> Bank fees incurred as a result of the cybersecurity Incident	<hr/>	<hr/>	<p><i>Example: Account statement with fees incurred as a result of the cybersecurity Incident highlighted.</i></p> <p><i>The description of the fees in the documentation must be specific enough to enable the Settlement Administrator to determine why the fees were incurred, and you must explain why the fees were incurred as a result of the cybersecurity Incident.</i></p>
<input type="radio"/> Long distance phone charges incurred as a result of the cybersecurity Incident	<hr/>	<hr/>	<p><i>Example: Phone bills with long-distance telephone calls made as a result of the cybersecurity Incident, and corresponding charges, highlighted, along with an explanation of what the calls were for and why they were incurred as a result of the cybersecurity Incident.</i></p> <p><i>You must explain who the calls were made to and why they were made as a result of the cybersecurity Incident. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific calls that you made as a result of the cybersecurity Incident.</i></p>
<input type="radio"/> Cell phone charges (only if charged by the minute) incurred as a result of the cybersecurity Incident	<hr/>	<hr/>	<p><i>Example: Cell phone bill with calls made as a result of the cybersecurity Incident, and corresponding charges, highlighted, along with an explanation of what the calls were for and why they were incurred as a result of the cybersecurity Incident.</i></p> <p><i>You must explain who the calls were made to and why they were made as a result of the cybersecurity Incident. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific calls that you made as a result of the cybersecurity Incident.</i></p>
<input type="radio"/> Data charges (only if charged based on the amount of data used) incurred as a result of the cybersecurity Incident	<hr/>	<hr/>	<p><i>Example: Cell phone bill with data charges incurred as a result of the cybersecurity Incident, and corresponding charges, highlighted, along with an explanation of what the data charges are for and why they were incurred as a result of the cybersecurity Incident.</i></p> <p><i>You must explain what activities the data charges correspond to and why they were incurred as a result of the cybersecurity Incident. You must also provide sufficient documentation to demonstrate the amount you were charged for the specific activities that incurred data charges that you undertook as a result of the cybersecurity Incident.</i></p>

Loss Type (Fill in all that apply)	Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
<input type="radio"/> Postage charges incurred as a result of the cybersecurity Incident	_____	_____	<p><i>Example: Receipts from the United States postal service or other shipping companies, along with an explanation of what you sent and why you sent it.</i></p> <p><i>You must explain what you sent to incur the charges, to whom you sent it, and why you sent it as a result of the cybersecurity Incident.</i></p>
<input type="radio"/> Gasoline charges for local travel incurred as a result of the cybersecurity Incident	_____	_____	<p><i>Example: Gasoline receipt for gasoline used driving to the police station to file a police report regarding the cybersecurity Incident.</i></p> <p><i>You are only entitled to claim reimbursement for the gasoline you used as a result of the cybersecurity Incident, which may be less than a full tank. You must describe where you drove, the distance you traveled, why the travel was connected to the cybersecurity Incident, and the portion of any gasoline receipt that you attribute to the trips that you made as a result of the cybersecurity Incident.</i></p>
<input type="radio"/> Credit monitoring or other mitigating costs (such as costs associated with accessing, freezing, or unfreezing credit reports with any credit reporting agency) that were incurred on or after December 16, 2020 through the date of submission of this Claim Form	_____	_____	<p><i>Example: Receipts or account statements reflecting charges incurred to view a credit report.</i></p>
<input type="radio"/> Unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your Personal Information	_____	_____	<p><i>Example: Receipts documenting out-of-pocket losses not set forth above, and an explanation of why the loss was related to the cybersecurity Incident and a statement that you made reasonable efforts to avoid or seek reimbursement for the loss, including exhaustion of all available credit monitoring insurance and identity theft insurance. Other losses could include, solely by way of example, the costs associated with addressing a fraudulent tax return or unemployment claim made in your name.</i></p>

CERTIFICATION AND SIGNATURE

By submitting this Claim Form, I certify that I am a Settlement Class Member (or I am the parent or legal guardian of a minor child that is a Settlement Class Member) and am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of the cybersecurity Incident.

I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of Settlement Funds and may be reduced, depending on the type of claim and the determinations of the Settlement Administrator.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Relationship to Settlement Class Member (if applicable): _____