

IN THE CIRCUIT COURT OF MONONGALIA COUNTY, WEST VIRGINIA

**CHRISTOPHER THOMACK, and
JOSEPH MICHAEL JENKINS,**
on their own behalf and on behalf of all other
similarly situated persons consisting of a
class of aggrieved persons,

Plaintiffs,

v.

Civil Action No. 13-C-53
Judge Perri Jo DeChristopher

**WEST VIRGINIA UNIVERSITY HOSPITALS, INC., and,
WEST VIRGINIA UNITED HEALTH SYSTEM, INC.**
d/b/a WVU Healthcare and any
related entities of WVU Healthcare acting in
concert with WVU Healthcare,

Defendants.

**COURT-APPOINTED CLAIMS ADMINISTRATOR REVISED REPORT NUMBER
ONE**

COMES NOW, Ed Gentle, the Court-Appointed Claims Administrator in this matter, and submits the following Report to the Court, requesting the relief specified below.

A. Background

This Revised Report replaces and supersedes the Claims Administrator's Report Number One filed with this Court on October 25, 2023. Your Administrator has been meeting frequently with the Parties to develop and agree upon procedures for submitting Claim Forms and collecting resulting claimant data to use in making Settlement related awards.

The Parties agree that the website address for the Settlement is www.WVUMedicalRecordsOvercharge.com.

The Parties had some concerns about approximately 40,000 Class Members entries apparently being for arms of government, questioning whether they should be included in the Class Definition. On March 15, 2024, the Court granted Defendants' Motion to Modify December 27,

2022 Order and Amending Class Definition, removing government agencies from the class definition.

The Parties have confirmed that all Requester Class Members are included in the database compiled by the Defendants. However, to ensure Other Parties that are not included in the database receive proper notice, outside notice for additional Class Members is necessary. Postcard notice will be sent to all Class Members included in the database, with additional notice by publication in local newspapers, using the form in Exhibit A. The Claims Administrator proposes to publish the Settlement Notice once in the following newspapers: *The Register – Harold, Charleston Gazette, The Herald – Dispatch, The Exponent Telegram, The Dominion Post, The Journal – Martinsburg, The Intelligencer, and Wheeling News Register*, as well as on the Settlement Website, www.WVUMedicalRecordsOvercharge.com.

B. Suggested Claimant Data Collection Procedures and Resulting Claim Forms

Class members must have paid for the medical records and not have been reimbursed, so that they own the reimbursement claim in the Settlement (the “Owner”). The Class definition in the Court-approved Motion includes not only a classic Patient but an Other Party, and any person who is an Authorized Agent or Representative of the Patient or Other Party in obtaining medical records (“Apparent Agent”), such as a law firm or an insurance company. We need to look to all sources (Patients, Other Parties and Apparent Agents) to reach closure on the factual basis to compute and pay claims.

The seriatim process we suggest is that we **first** send a short-form postcard Settlement Notice to all potential Class Members listed in the database within 30 days of the Court entering the Order Approving the Claims Administrator Report. The suggested Settlement Postcard Notice for this initial step is in Exhibit B.

Within 60 days of the Court entering the Order Approving the Claims Administrator

Report, a Requester Claim Form, will be sent to the “Requester” in the database (the “First Requester Notice”). The suggested Claim Form for this initial step is in Exhibit C. As you can see, in addition to the Settlement Notice, the Agent Claim Form provides a brief background of the Settlement, and lists the “Patients” for whom the Requester apparently ordered and paid for records. For each Patient line item, the Requester is asked to indicate if the money is his or the money is the Patient’s or the money belongs to an Other Party. We suggest that the Requesters be pressed to complete the Claim Form, with follow-up contacts as needed, so that the claims receipt and review process can proceed.

A second notice to non-responding Requesters will be sent 60 days after the First Requester Notice. However, we will be sending a Claim Form to the Patient or the Other Party (to the extent shown in the database) whose Requester has not responded. This approach would accord all potential Owners of the Settlement funds due process

Mindful of the 9-month window to collect claimant data, this round of Claim Form requests provides the Agent/Requester 60 days to respond.

If an Other Party is identified on the Agent/Requester’s Claim Form, the Other Party’s contact information is requested in the Agent Requester Claim Form, so that we can follow-up with a separate Claim Form for the Other Party.

Following this initial round of Claim Forms, if the Agent/Requester states that the Patient owns the claim, the Patient being in the payment eligibility group as the Owner, will be sent the Patient Claim Form and will have 60 days to respond. However, for Other Parties identified by the Agent/Requester as the Owner, since we do not have their social security number or other tax identification number in the database, a follow-up Claim Form to them is needed in all events.

The **second** step is to follow two separate paths in tandem:

(i) **Patients**. We would send the **second** Claim Form, attached in Exhibit D, to the

Patients. Again, there would be a subsequent 60-day deadline. At this stage, we will have tentatively determined that either the Patient, the Requester, or the Other Party owns the money because of the Requester Claim Form. We will send a Claim Form to Patients whose ownership of the money has been consented to by the Agent/Requester, to confirm the Patient is the owner of the Settlement funds, and to confirm all of the data to pay the Patients, including their address and social security number (if a 1099 is required), is accurate.

These second Patient Claim Forms will also be sent to Patients who are indicated on the Requester Claim Form as not owning the money. Patients will be asked to send the Form back if they challenge the Agent/Requester's claim to the money, their address has changed, or they challenge the amount shown. If we do not receive a response from the Patient, it will be assumed that the refund belongs to the Party indicated on the Requester Claim Form. *See* West Virginia Civil Rule of Procedure 23(c)(2).

(ii) **Other Parties.** At the same time we send out the Patient Claim Forms, the **third** Claim Form attached in Exhibit E will go to the Other Parties identified by the Agent/Requester as owning the money. It merely asks for the identification information we need to qualify them in the eligibility pool to receive part of the payments. The Other Party must respond with a completed Claim Form to participate in the refund process, because we do not have its social security number or tax identification number.

In order to save administrative expenses, all three Claim Forms refer to the website with FAQs (to be drafted for Parties approval) and for information concerning, for example, the details of the Settlement and how the refund amount will be computed.


A proposed Timeline for this process is in Exhibit F.

WHEREFORE, PREMISES CONSIDERED, your Claims Administrator requests the following relief:

(i) That this Honorable Court, approve the above suggested claimant data collection procedures and three Claim Forms substantially in the form of Exhibits C, D and E;

(iii) For such other, equitable, general, specific or other relief as the Court deems appropriate under the premises.

Respectfully submitted this 28th day of May, 2024.



Edgar C. Gentle, III,
Court Appointed Claims Administrator

OF COUNSEL
Gentle, Turner & Benson, LLC
501 Riverchase Parkway East
Suite 100
Hoover, Alabama 35244
(205) 716-3000
egentle@gtandslaw.com

CERTIFICATE OF SERVICE

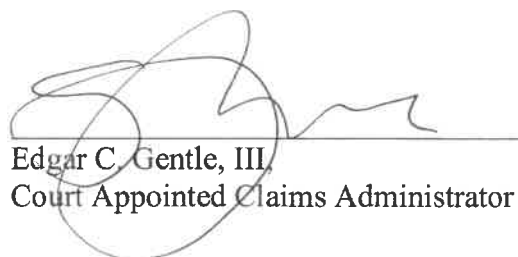
I hereby certify that on the May 28, 2024, I served the foregoing "Court-Appointed Claims Administrator Revised Report Number One" upon counsel of record via fax as follows:

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Counsel for Defendants



Edgar C. Gentle, III
Court Appointed Claims Administrator

SCHEDULE OF EXHIBITS
TO COURT-APPOINTED CLAIMS ADMINISTRATOR
REVISED REPORT NUMBER ONE

<u>EXHIBIT</u>	<u>DESCRIPTION</u>
A	Notice by Publication of Class Action Settlement
B	Settlement Postcard Notice
C	Agent/Requester Claim Form
D	Patient Claim Form
E	Other Party Claim Form
F	Proposed Settlement Timeline

EXHIBIT A

NOTICE BY PUBLICATION OF CLASS ACTION SETTLEMENT

To all persons and entities who, at any time between January 18, 2008 and June 5, 2014, requested, and paid for, medical records from West Virginia University Hospital.

Please read to learn your rights.

A proposed class action settlement has been reached with West Virginia University Hospitals, Inc., and West Virginia United Health System, Inc. ("Defendants"), regarding medical records requests between January 18, 2008 and June 5, 2014. The settlement resolves a lawsuit entitled Thomack, et al. v. West Virginia University Hospitals, Inc., Civil Action No. 413-C-53 (the "Lawsuit"), West Virginia Circuit Court of Monongalia County, West Virginia (the "Court"). The Court authorized this notice.

The Lawsuit alleges that Defendants violated West Virginia Code § 16-29-1, by excessively charging to provide copies of patients' medical records by charging \$0.40 "per page" for copies of their already existing medical records, as well as a flat search fee. Defendants deny all allegations and claims. The Court has not decided the Lawsuit, but the parties have agreed to a class settlement to resolve the dispute.

While all Class Members known to the parties will receive an individual postcard settlement notice, in case Class Members' contact information has changed, notice of the settlement is also being posted in this publication.

If you are a member of the Class and requested medical records in writing from January 18, 2008 and through June 5, 2014 from West Virginia University Hospitals or Health Systems, you will be eligible to have your payment for these medical records. The settlement makes more than \$1,440,000 available for reimbursement of medical record request payments.

To see a more detailed notice of the terms of the settlement, answers to frequently asked questions, and other information about the Lawsuit, please visit the settlement website: WVUMedicalRecordsOvercharge.com.

If you cannot access the website, you can obtain the detailed notice by contacting the Claims Administrator by mail at 501 Riverchase Parkway East, Ste. 100, Hoover, AL 35244 or by phone at 855-711-2079.

If the settlement is approved by the Court, any legal claims you have against the Defendants that were or could have been raised in the Lawsuit will be released that (1) seek injunctive, declaratory, equitable, or non-monetary relief; (2) arise under West Virginia Code § 16-29-1; and/or (3) are brought in a representative or collective capacity.

You have the right to object to the settlement. Your objection must be received by [INSERT], 2024. For details on how to object, visit the settlement website at WVUMedicalRecordsOvercharge.com.

You have the right to opt out of the settlement. Your opt-out request must be received by [INSERT], 2024. For details on how to opt-out, visit the settlement website at WVUMedicalRecordsOvercharge.com.

The Court will hold a final approval hearing on [INSERT], 2024 at [INSERT] to consider whether to approve the settlement. Class Counsel will ask the Court to award them \$975,000 in Attorneys' Fees and an incentive award to the individuals who started the Lawsuit. These funds are in addition to the amounts available for reimbursement of medical record request payments. You may appear at the hearing, but you do not have to.

**For more information, please visit the settlement website at
WVUMedicalRecordsOvercharge.com.**

EXHIBIT B

NOTICE OF CLASS ACTION SETTLEMENT

To all persons and entities who, at any time between **January 18, 2008 and June 5, 2014**, requested, and paid for, medical records from **West Virginia University Hospital**.

Please read to learn your rights.

Thomack, et al. v. West Virginia University Hospitals, Inc., et al
Claims Administrator
501 Riverchase Parkway East, Ste. 100
Hoover, AL 35244
855-711-2079

First-Class
Mail
US Postage
Paid
Permit #



Postal Service: Please do not mark barcode

«First1» «Last1»
«C/O»
«Addr1» «Addr2»
«City», «St» «Zip»

A proposed class action settlement has been reached with West Virginia University Hospitals, Inc., and West Virginia United Health System, Inc. ("Defendants"), regarding medical records requests between January 18, 2008 and June 5, 2014. The settlement resolves a lawsuit entitled *Thomack, et al. v. West Virginia University Hospitals, Inc.*, Civil Action No. 413-C-53 (the "Lawsuit"), West Virginia Circuit Court of Monongalia County, West Virginia (the "Court"). The Court authorized this notice.

The Lawsuit alleges that Defendants violated West Virginia Code § 16-29-1, by excessively charging to provide copies of patients' medical records by charging \$0.40 "per page" for copies of their already existing medical records, as well as a flat search fee. Defendants deny all allegations and claims. The Court has not decided the Lawsuit, but the parties have agreed to a class settlement to resolve the dispute.

You received this notice because hospital records reflect that you may be a member of the Class. The Class includes any patient, or authorized agent or representative of the patient who requested medical records in writing from January 18, 2008 and through June 5, 2014.

If you are a member of the Class and requested medical records in writing from January 18, 2008 and through June 5, 2014 from West Virginia University Hospitals or Health Systems, you will be eligible to have your payment for these medical records. The settlement makes more than \$1,440,000 available for reimbursement of medical record request payments.

To see a more detailed notice of the terms of the settlement, answers to frequently asked questions, and other information about the Lawsuit, please visit the settlement website: WVUMedicalRecordsOvercharge.com. If you cannot access the website, you can obtain the detailed notice by contacting the Claims Administrator at the address or phone number on the reverse side of this card.

If the settlement is approved by the Court, any legal claims you have against the Defendants that were or could have been raised in the Lawsuit will be released that (1) seek injunctive, declaratory, equitable, or non-monetary relief; (2) arise under West Virginia Code § 16-29-1; and/or (3) are brought in a representative or collective capacity.

You have the right to object to the settlement. Your objection must be received by [INSERT], 2024. For details on how to object, visit the settlement website at WVUMedicalRecordsOvercharge.com.

You have the right to opt out of the settlement. Your opt-out request must be received by [INSERT], 2024. For details on how to opt out, visit the settlement website at WVUMedicalRecordsOvercharge.com.

The Court will hold a final approval hearing on [INSERT], 2024 at [INSERT] to consider whether to approve the settlement. Class Counsel will ask the Court to award them \$975,000 in Attorneys' Fees and an incentive award to the individuals who started the Lawsuit. These funds are in addition to the amounts available for reimbursement of medical record request payments. You may appear at the hearing, but you do not have to.

For more information, please visit the settlement website at WVUMedicalRecordsOvercharge.com.

EXHIBIT C

AGENT/REQUESTER CLAIM FORM
THOMACK/JENKINS V. WVUH CLASS ACTION SETTLEMENT

Ed Gentle, Claims Administrator
501 Riverchase Parkway East, Suite 100
Hoover, Alabama 35244
(800) 345-0837
(205) 716-3000

WVUMedicalRecordsOvercharge@gandslaw.com
www.WVUMedicalRecordsOvercharge.com

SECTION A – OVERVIEW

This Settlement applies to Patients or their Authorized Agent or Representative, or Other Parties, who requested and paid for medical records from West Virginia University Hospitals, Inc. or West Virginia United Health Systems, Inc. from January 18, 2008 to June 5, 2014 (the “Class”). Settlement FAQs, a more detailed description of the Class and the Class Members, and a description of how the refund will be computed is contained on the Settlement website, www.WVUMedicalRecordsOvercharge.com.

According to our records, you are an Agent or a Representative who obtained medical records copies for the Patients listed in Section C below, showing the amount that you were apparently charged. IN SECTION C, PLEASE INDICATE IF THE REFUND AMOUNT SHOULD BE RECEIVED BY YOU AS THE ONE WHO PAID FOR THE RECORDS AND WERE NOT REIMBURSED (THE “OWNER OF THE CLAIM”) OR IF YOU WERE REIMBURSED BY THE PATIENT AS THE OWNER OF THE CLAIM, OR IF YOU WERE REIMBURSED BY ANOTHER PARTY AS THE OWNER OF THE CLAIM.

We require your Social Security Number or Tax Identification Number on this form, in order to send you a 1099 if the amount we pay you is more than \$600.

If you have any questions, please review the FAQs on the website or call or email us.

YOU MUST MAIL OR EMAIL YOUR COMPLETED CLAIM FORM BY _____, 2024, TO HAVE YOUR CLAIM REVIEWED.

SECTION B – AGENT/REQUESTER INFORMATION

(prepopulated from database to the extent practicable) (please provide any missing information and any updates to the information below)

Requester Name

Bill Address

Bill City

Bill State

Bill Zip

Telephone Number

E-mail Address

Requester Social Security Number or Federal Tax Identification Number

SECTION C – EXCESS COPY CHARGE EXPENSES YOU PAID
 (prepopulated from database to the extent practicable) (please provide any missing information and any updates to the information below)

According to the information received from the Defendants, you as the Requester paid for the following Patient(s) medical records and were charged the following. **The last column is blank and must be completed by you to show who owns each payment*.**

Patient	Date Requested	Birth Date	Amount Paid	Payment Owned By*

(* Put “A” for Agent (You) or “P” for Patient or “OP” for Other Party for each row.)

SECTION D – IDENTIFICATION INFORMATION FOR AN OTHER PARTY OWNING A PAYMENT

Please complete this table for Other Parties you have identified above as owning a payment:

Patient for whom Other Party Paid	Other Party Name	Other Party Address	Other Party Email	Other Party Phone Number

Please complete Section B, confirming your address and providing telephone number, e-mail address and SSN/TIN, complete Section C, showing who owns each payment, and complete Section D for any Other Parties who own a payment, and sign and return this Claim Form by mail or email to the address above by _____ 2024.

If you disagree with this information or have additional information, please provide on a separate page additional information with proof and sign and return this Claim Form by mail or email to the address above by _____ 2024.

SECTION E - CERTIFICATION

I certify that, I have read and understand the information set forth in this Claim Form and it is true and correct to the best of my knowledge.

 Agent/Requester Signature (or signature of Agent/Requester Representative if Agent/Requester is Incapacitated or is Deceased)

 Date

 Print Name

If this Claim Form is being submitted on behalf of a **person with disability**, or a **deceased Agent/Requester**, please provide documentation showing you have the authority to sign on behalf of the Agent/Requester, such as Power of Attorney for a disabled Agent/Requester, or Letters of Administration for a Deceased Agent/Requester.

EXHIBIT D

PATIENT CLAIM FORM

THOMACK/JENKINS V. WVUH CLASS ACTION SETTLEMENT

Ed Gentle, Claims Administrator
501 Riverchase Parkway East, Suite 100
Hoover, Alabama 35244
(800) 345-0837

WVUMedicalRecordsOvercharge@gtandslaw.com
www.WVUMedicalRecordsOvercharge.com

SECTION A – OVERVIEW

This Settlement applies to Patients or their Authorized Agent or Representative, or Other Party, who requested and paid for medical records from West Virginia University Hospitals, Inc. or West Virginia United Health Systems, Inc. from January 18, 2008 to June 5, 2014 (the “Class”). Settlement FAQs, a more detailed description of the Class and the Class Members, and a description of how the refund will be computed is contained on the Settlement website, www.WVUMedicalRecordsOvercharge.com.

According to our records, you are a Patient for whom the Agent/Requester listed in Section C below, obtained medical records copies. The Agent/Requester claims that: [depending on the Agent Claim Form response, one of the below paragraphs will be included]

THE AGENT/REQUESTER OR ANOTHER PARTY, AND NOT YOU, PAID FOR THE RECORDS AND WAS NOT REIMBURSED AND THEREFORE OWNS THE REFUND AMOUNT CLAIM. If you agree, you need do nothing. **IF YOU DISAGREE BECAUSE YOU PAID FOR THE RECORDS AND WERE NOT REIMBURSED SO THAT YOU ARE THE OWNER OF THE REFUND AMOUNT CLAIM,** you need to complete and submit this Claim Form by mail or email at the above address by _____ 2024.

YOU, AND NOT THE AGENT/REQUESTER, PAID FOR THE RECORDS AND YOU WERE NOT REIMBURSED AND THEREFORE YOU OWN THE REFUND AMOUNT CLAIM. To qualify to obtain the refund, you need to complete and submit this Claim Form by mail or email at the above address by _____ 2024.

If you have any questions, please review the FAQs on the website or call or email us.

YOU MUST MAIL YOUR CLAIM FORM BY _____, 2024, TO HAVE YOUR CLAIM REVIEWED.

SECTION B – PATIENT INFORMATION

(prepopulated from database to the extent practicable) (please provide any missing information and any updates to the information below on a separate page)

Patient

Address

City

State

Zip

Telephone Number

E-mail Address

Total Amount Paid by Agent/Requester or Third Party for You

Date of Birth

SECTION C – EXCESS COPY CHARGES PAID BY YOUR AGENT/REQUESTER OR ANOTHER PARTY

(prepopulated from database to the extent practicable) (please provide any missing information and any updates to the information below)

According to the Agent/Requester, the Agent/Requester or Another Party paid for you as the Patient to obtain copies of medical records and was charged the following, so that you are not the owner of the refund:

Agent/Requester or Other Party Name	Date Requested	Amount Paid

If you agree with the above information, you need do nothing. **IF YOU DISAGREE**, please sign and return this Claim Form by mail or email to the address above by _____ 2023, or we will assume that the Agent/Requester or Other Party identified above owns the refund. If you timely file your Claim Form, disagreeing with the above, we will try to resolve this dispute between you and the Agent/Requester or Other Party in the future, and we will be in touch.

If you disagree with this information or have additional information, please provide on a separate page additional information with proof and sign and return this Claim Form by mail or email to the address above by _____ 2023.

SECTION D [if Agent owns]– OBJECTION AND CERTIFICATION

I HEREBY OBJECT TO THE AGENT/REQUESTER’S CLAIM THAT HE OR ANOTHER PARTY OWNS THE PAYMENT, BECAUSE I OWN THE PAYMENT.

SECTION D [if Patient owns]– CERTIFICATION

I certify that, I have read and understand the information set forth in this Claim Form and it is true and correct to the best of my knowledge.

Patient Signature (or signature of Representative if Patient is deceased)

Date

Print Name

If this Claim Form is being submitted on behalf of a **person with disability**, or a **deceased Patient**, please provide documentation showing you have the authority to sign on behalf of the Patient, such as Power of Attorney for a disabled Patient, or Letters of Administration for a Deceased Patient.

EXHIBIT E

OTHER PARTY CLAIM FORM

THOMACK/JENKINS V. WVUH CLASS ACTION SETTLEMENT

Ed Gentle, Claims Administrator
501 Riverchase Parkway East, Suite 100
Hoover, Alabama 35244
(800) 345-0837
(205) 716-3000

WVUMedicalRecordsOvercharge@gtandslaw.com
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SECTION A – OVERVIEW

This Settlement applies to Patients or their Authorized Agent or Representative, or Other Party, who requested and paid for medical records from West Virginia University Hospitals, Inc. or West Virginia United Health Systems, Inc. from January 18, 2008 to June 5, 2014 (the “Class”). Settlement FAQs, a more detailed description of the Class and the Class Members, and a description of how the refund will be computed is contained on the Settlement website, www.WVUMedicalRecordsOvercharge.com.

According to the Agent/Requester identified in Section C below, you are a Party for whom the below Agent/Requester obtained medical records copies.

THE AGENT/REQUESTER REPORTS THAT YOU PAID FOR THE RECORDS AND WERE NOT REIMBURSED SO YOU OWN THIS REFUND AMOUNT CLAIM. To qualify to obtain the refund, you need to complete and submit this Claim Form by mail or email at the above address by _____ 2024.

If you have any questions, please review the FAQs on the website or call or email us.

YOU MUST MAIL YOUR CLAIM FORM BY _____, 2024, TO HAVE YOUR CLAIM REVIEWED.

SECTION B – OTHER PARTY INFORMATION

(prepopulated from Claim Form of Agent/Requester to the extent practicable) (please provide any missing information and any updates to the information below on a separate page)

Other Party Name

Address

City

State

Zip

Telephone Number

E-mail Address

Total Amount Paid by Agent/Requester or Third Party for You

Date of Birth

The Other Party Social Security Number or Federal Tax Identification Number

**SECTION C – EXCESS COPY CHARGES PAID BY AGENT/REQUESTER THAT
HE CLAIMS YOU OWN**

(prepopulated from database to the extent practicable) (please provide any missing information and any updates to the information below)

According to the information received from the Agent/Requester, the Agent/Requester paid for you as the Other Party to obtain copies of medical records and was charged the following for which the Agent/Requester claims you own the refund:

Agent/Requester Name	Patient for Whose Records Were Requested	Date Requested	Amount Paid

SECTION D – CERTIFICATION

I certify that, I have read and understand the information set forth in this Claim Form and it is true and correct to the best of my knowledge.

Other Party Signature (or signature of Representative if Patient is deceased)

Date

Print Name

If this Claim Form is being submitted on behalf of a **person with disability**, or a **deceased Other Party**, please provide documentation showing you have the authority to sign on behalf of the Other Party, such as Power of Attorney for a disabled Other Party, or Letters of Administration for a Deceased Other Party.

EXHIBIT F

6823-1 WV Copy Case
Proposed Settlement Timeline

EVENT	DESCRIPTION	DAYS
Motion for Certification of Settlement Class and Preliminary Approval of Settlement	Motion for Certification of Settlement Class and Preliminary Approval of Settlement	10/21/2022
Certification of Settlement Class and Preliminary Approval Order Issued	Certification of Settlement Class and Preliminary Approval Order Issued	12/27/2022
Motion to Modify 12/27/22 Order and Amend Class Definition	Motion to Modify 12/27/22 Order and Amend Class Definition; hearing on 3/15/24	3/15/2024
Order Modifying 12/27/22 Order and Amending Class Definition	Order Modifying 12/27/22 Order and Amending Class Definition	4/4/2024
Order Approving Claims Administrator Revised Report Number One, Settlement Deadlines, and Final Fairness Hearing	Order Approving Claims Administrator Report Number One, Settlement Deadlines, and Final Fairness Hearing	0
Settlement Notice	Within 30 days after the Court enters the Order Approving the Claims Administrator Report, individual postcard Notice will be sent to all Class Members listed in the database via mail. Additional Notice by publication to be posted in in the following newspapers: <i>The Register – Harold, Charleston Gazette, The Herald – Dispatch, The Exponent Telegram, The Dominion Post, The Journal – Martinsburg, The Intelligencer, and Wheeling News Register</i> , as well as the Settlement Website	30
First Requester Notice and Claim Form	Within 60 days after the Court enters the Order Approving the Claims Administrator Report, First Requester Notices will be sent to the “Requester” in the database, provides a brief background of the Settlement, and lists the “Patients” for whom the Requester apparently ordered and paid for records.	60
Opt-Out Deadline	No later than 90 days after the Court enters the Order Approving the Claims Administrator Report, allowing Class Members 60 days after notice is sent to file an Opt-Out Form	90
Objection Deadline	No later than 90 days after the Court enters the Order Approving the Claims Administrator Report, allowing Class Members 60 days after notice is sent to file an Objection	90
Second Requester Notice and Claim Form	If the Requester does not respond within 60 days, a Second Requester Notice and Agent Claim Form will be sent to the Requester.	120

6823-1 WV Copy Case
Proposed Settlement Timeline

Patient Notice and Claim Form	<p>If the Requester responds and identifies that the money belongs to either the Requester or the Patient, then the Patient will receive the Patient Notice asking them to submit a Patient Claim Form if (1) the Requester indicated the Patients is the owner, or (2) they disagree with the information provided by the Requester. Patients have 60 days to submit a Patient Claim Form. If Patient does not submit a Form within 60 days, the Claims Administrator will go with the data provided in the Requester Claim Form, and issue the refund to the indicated owner.</p> <p>If the Requester does not respond within 60 days, a Patient Notice and Claim Form will be sent to the Patient. Patients have 60 days to submit a Patient Claim Form. If Patient does not submit a Form within 60 days, the Claims Administrator will go with the data provided in the Requester Claim Form, and issue the refund to the indicated owner.</p>	120
Other Party Notice and Form	<p>If the Requester responds and identifies that the money belongs to a third-party (e.g. an insurance company), then the third party will receive a notice asking them to provide information to allow them to receive the money (e.g. a SSN or FEIN). The Other Party must respond with a completed Claim Form to participate in the refund process, because we do not have its social security number or tax identification number. If the Other Party does not respond within 60 days, a deficiency notice will be sent to the Other Party.</p>	120
Motion for Final Approval Order and Judgment	<p>No later than thirty (30) days prior to the Final Approval Hearing, Plaintiff shall move for entry of an order of final approval</p>	120
Final Approval Hearing	<p>Approximately 60 days after the Opt-Out and Objection Deadlines</p>	150
Final Approval Order Issued	<p>Final Approval Order</p>	
Effective Date	<p>Effective Date</p>	
Notice Response Deadline	<p>All sources (Patients, Other Parties, and Agents/Requesters) will have 60 days to respond to the Claims Administrator's notice by submitting the applicable Claim Form. If the Claims Administrator does not receive a Claim Form from any of the sources listed in the database, the Claims Administrator will go with the data provided in the database, and issue the refund to the source listed in the database.</p>	180
Claim Form Deadline	<p>No later than 9 months after First Requester Notice</p>	330

6823-1 WV Copy Case
Proposed Settlement Timeline

Claims Grading	**	
Class Members' Opportunity to Cure Deficiencies	**	
Payment of Settlement Checks	**	

** Not determined yet