Please fill out this Claim Form to receive a cash payment from the Net Settlement Fund as described in the Settlement Notice you received. The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, www.EmanatePrivacySettlement.com, or call **1-844-541-2213** for more information.

## I. CLASS MEMBER NAME AND MEMBER ID #

Provide below your name and the unique Settlement Class Member Identification Number listed on the Settlement Notice you received via email or mailed postcard.

**First Name**

**Last Name**

**Settlement Class Member ID #**

## II. PAYMENT OPTIONS

_____By marking this line, I am confirming that I personally logged into the Emanate patient portal, and/or submitted an online form and/or scheduled an appointment on Emanate's public website https://www.emanatehealth.org from August 30, 2019, to April 30, 2024, and would like to receive a payment from the Net Settlement Fund.

Please select from **one** of the following payment options to receive your cash payment:

**PayPal --** Enter your PayPal email address: _____

**Venmo --** Enter the mobile number associated with your account: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

**Zelle --** Enter the mobile number or email address associated with your Zelle account:

Mobile Number: __ __ __ - __ __ __ - __ __ __ __ or Email Address: _____

**Mailed Check --** Enter the address where you would like your check to be mailed:

_____
[Street Address] [City] [State] [Zip Code]

## III. SIGN AND DATE YOUR CLAIM FORM

_____ Date: _____
Your signature MM DD YYYY

## IV. SUBMIT YOUR CLAIM FORM ONLINE

This Claim Form must be submitted through the Settlement Website by midnight Pacific Time on **September 29, 2026,** or mailed to the Settlement Administrator at PO Box 4386, Baton Rouge, LA 70821 postmarked no later than **September 29, 2026.**