CLAIM INFORMATION DISCLOSURE
(Requestor)

Russell G. Binder v. The Charles Town General Hosp. d/b/a Jefferson Med. Ctr., City Hosp., Inc. d/b/a Berkeley Med. Ctr., West Virginia Univ. Hosp., Inc., West Virginia Univ. Hosp. – East, Inc.,
Action No. 15-C-530, Circuit Court of Berkley County, West Virginia

—AND—

James F. Smith and John F. Smith, as Co-Executors of the Estate of Donald F. Smith v. Camden-Clark Mem. Hosp. Corp.,
Action No. 14-C-829, Circuit Court of Wood County, West Virginia

Name
Organization
Address
Claimant Identifier #

Mr./Ms. _____,

Below are the release of information requests submitted to obtain Medical Records for which you may be entitled to reimbursement. If you or your company obtained the Medical Records listed below pursuant to a Patient Authorization or Release, and you paid for them directly without any reimbursement from the Patient or from an insurance company or other entity, then you are eligible to recover a portion of your payment with interest. Alternatively, if you received reimbursement from a patient, insurance company or other entity, then you are not eligible to recover your payment. However, you should forward this to the person or entity that ultimately paid for the medical records so that person or entity can claim reimbursement as part of a settlement agreement for this class action lawsuit.

For each potentially eligible invoice, you must submit a separate Proof of Claim Form and attest that you paid the cost to obtain the subject medical records either directly to CIOX or by reimbursing the requestor and indicate if you represented the patient.

Invoice No.	Invoice Date	Patient Name	Requestor Name	Hospital Name	Total Number of Pages	Per-Page Fees Charged	Total Amount Paid	Total Amount of Eligible Refund (including interest)
0241619244	04/09/2018	John Smith	Name Organization	Concentra Medical	121	$66.55	$70.54	$79.86
0213112911	03/29/2017	Brad Johnson	Name Organization	Community Medical Center	194	$106.70	$113.10	$121.97

CLAIM INFORMATION DISCLOSURE
(Patient)

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Name
Organization
Address
Claimant Identifier #

Mr./Ms._____,

Below are the release of information requests submitted to obtain Medical Records for which you may be entitled to reimbursement. The below listed company obtained your Medical Records pursuant to a Patient Authorization or Release. If you reimbursed the requestor for the cost of the Medical Records (and did not receive reimbursement for that cost from any other source), then you are eligible to recover a portion of your payment with interest. Alternatively, if you received reimbursement from a insurance company or other entity, then you are not eligible to recover your payment. However, you should forward this to the person or entity that ultimately paid for the medical records so that person or entity can claim reimbursement as part of a settlement agreement for this class action lawsuit.

For each potentially eligible invoice, you must submit a separate Proof of Claim Form and attest that you reimbursed the requestor for the cost to obtain the subject medical records and indicate if you were represented by the requestor.

Invoice No.	Invoice Date	Patient Name	Requestor Name	Hospital Name	Total Number of Pages	Per-Page Fees Charged	Total Amount Paid	Total Amount of Eligible Refund (including interest)
0241619244	04/09/2018	John Smith	Name Organization	Concentra Medical	121	$66.55	$70.54	$79.86
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