

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ALASKA
*SOUTH PENINSULA HOSPITAL v. XEROX STATE HEALTHCARE, LLC (N/K/A CONDUENT STATE
HEALTHCARE, LLC)*, No. 3:15-CV-00177-JMK (D. ALASKA)

For more information regarding the Settlement, visit the Settlement Website,
www.HealthProviderSettlement.com

CLAIM FORM

IMPORTANT: All Alaska Medicaid billing providers that submitted a Medicaid claim to Alaska Medicaid for Medicaid eligible services rendered during the period from October 1, 2013 to December 31, 2016 are eligible to receive a cash settlement payment as a result of a class action settlement in the above-captioned case. **To receive a cash payment from the Settlement Fund, you must complete and timely submit this Claim Form.**

INSTRUCTIONS: To complete this Claim Form, please provide all requested information below, sign the Certification below, and return this Claim Form to the Settlement Administrator: (a) online at the Settlement Website, www.HealthProviderSettlement.com; (b) by email to info@HealthProviderSettlement.com; or (c) by First-Class U.S. Mail to the following address: Health Provider Class Action, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Please keep a copy of your completed Claim Form. **YOU MUST SUBMIT THIS CLAIM FORM BY FEBRUARY 10, 2021 FOR IT TO BE CONSIDERED TIMELY.**

CLAIMANT INFORMATION

Name of Claimant: _____

Claimant Number: _____

Confirmation Code: _____

Your Claimant Number and Confirmation Code are listed in the email you received with this Claim Form.

Mailing Address: _____

Telephone: _____ Email: _____

Note -- It is your responsibility to let the Settlement Administrator know if your mailing address changes at any time before you receive a Settlement Payment.

CERTIFICATION

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the above-listed Claimant is or was an Alaska Medicaid billing provider that submitted at least one Medicaid claim to Alaska Medicaid for services rendered during the period from October 1, 2013 to December 31, 2016, and did not receive timely reimbursement(s), resulting in economic harm to the Claimant, including loss of the time use of money and/or consequential damages related to time and costs spent by the Claimant to follow up on the reimbursement(s).

SIGNATURE

DATE

PRINT NAME