

# CLAIM FORM

## In Re Surescripts Antitrust Litigation

In the United States District Court for the Northern District of Illinois

Case No. 1:19-cv-06627

**If you are a Settlement Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before January 6, 2022, or submitted electronically to the Claims Administrator at [www.SurescriptsAntitrustLitigation.com](http://www.SurescriptsAntitrustLitigation.com) on or before January 6, 2022.**

Please read the full Notice of Proposed Class Action Settlement (available at [www.SurescriptsAntitrustLitigation.com](http://www.SurescriptsAntitrustLitigation.com)) carefully before filling out this Claim Form.

To be eligible to receive any money from the Settlements obtained in this class action lawsuit, **you must either:** (1) Complete your Claim Form online at [www.SurescriptsAntitrustLitigation.com](http://www.SurescriptsAntitrustLitigation.com) on or before **January 6, 2022**; or (2) Complete this Claim Form and mail it, postmarked on or before **January 6, 2022** to: *Surescripts Antitrust Litigation* Claims Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

Failure to submit your completed Claim Form on time by U.S. Mail (properly addressed) or fill out an online Claim Form by the deadline will result in the rejection of your Claim and you will not receive any money from the Settlements.

### PART 1: CLAIMANT INFORMATION

Claimant Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PART 2: PURCHASE INFORMATION

In order to submit this Claim, you or your company must have paid for e-prescriptions routed through the Surescripts network (collectively, "e-prescriptions") during the period of September 21, 2010 through April 19, 2021.

State the **total dollar amount** you paid for e-prescriptions routed through the Surescripts network during the Class Period (defined above), in the United States including its territories and the District of Columbia: \$

### PURCHASE VERIFICATION

For purchases during the Class Period, for e-prescription routing services, purchased within the United States, including its territories and the District of Columbia, routed through the Surescripts network, the year(s) of your purchase(s) and the total dollar amounts:

You must attach Proof(s) of Purchase, such as a receipt or other documentation establishing the year of purchase, Service Purchased, and total amount paid, annually, quarterly, or monthly, for e-prescription routing services claimed. Failure to include Proof of Purchase will result in the Claim being denied. Submission of false or fraudulent Claims may result in the Claim being rejected in its entirety.

Service Name	Year	Quantity Purchased	Total Amount Paid

PART 3: SIGNATURE

UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DATA SUBMITTED IN CONNECTION WITH THIS CLAIM FORM ARE TRUE AND CORRECT.

Printed Name: \_\_\_\_\_

Capacity of Signor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_