Your claim must be postmarked by: November 28, 2025

In Re Surescripts Antitrust Litigation
In the United States District Court for the Northern District of Illinois
Case No. 1:19-cv-06627

Claim Form

SURESCRIPTS

If you are a Settlement Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before November 28, 2025, or submitted electronically to the Claims Administrator at www.SurescriptsAntitrustLitigation.com on or before November 28, 2025.

Please read the full Notice of Proposed Class Action Settlement (available at **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** on or before **November 28, 2025**; or (2) Complete this Claim Form and mail it, postmarked on or before **November 28, 2025**, 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: _____

☐ Check this box if you previously filed a Claim Form in connection with the RelayHealth Settlement, and you wish to supplement your previously filed Claim Form with additional data.

If you checked the box above and know your Claim number, please indicate it here: _____

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 July 18, 2025.

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: **$** _____

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You must fill out the following purchase chart. For e-prescription services purchased during the Class Period that were routed through the Surescripts network within the United States (including its territories and Washington DC), provide your total purchases by year. **Be sure to include the Quantity Purchased for each row you complete.**

Defendant who you Purchased From	Service Name	Year	Quantity Purchased	Total Amount Paid ($)

PURCHASE VERIFICATION

For e-prescription services purchased in the United States (including territories and Washington D.C.) during the Class Period, **you must attach Proof(s) of Purchase, such as a receipt or other documentation establishing the year of purchase, Service Purchased, the number of e-prescriptions routed, and total amount paid for each e-prescription service claimed. Failure to include Proof of Purchase will result in the Claim being rejected. Submission of false or fraudulent Claims may result in the Claim being rejected in its entirety.**

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: _____