

GCPA Data Incident Claims Administrator
c/o Postlethwaite & Netterville
P.O. Box 5144
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted
On or Before October 3, 2022**

Dekenipp v. Gastroenterology Consultants, P.A.
District Court of Harris County, Texas, 295th Judicial District (Case No. 202161470)

Claim Form

This claim form should be filled out online or submitted by mail if you received a notification from Gastroenterology Consultants, P.A. ("GCPA") relating to a cyberattack against GCPA's computer systems that occurred on or about January 10, 2021 (the "Data Incident"), and you had documented out-of-pocket expenses, or such documented expenses and lost time spent dealing with the Data Incident, or you wish to claim credit monitoring and identity protection services to be paid for by GCPA. You may get a check if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.GCPADataSettlement.com, or call 1-844-950-2288 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by **October 3, 2022**.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT WWW.GCPADATASETTLEMENT.COM

1. CLASS MEMBER INFORMATION.

First Name*															Middle Initial									
Last Name*																								
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*																								
City*												State*		Zip Code*										
Current Email Address (Optional)																								
Current Phone Number*					Settlement Claim ID*																			

Settlement Claim ID: Your Settlement Claim ID can be found on the postcard Notice you received in the mail informing you about this Settlement. If you need additional help locating this ID, please contact the Claims Administrator at 1-844-950-2288.

Non-US Addresses: If your current address is outside the United States, please contact the Claims Administrator at 1-844-950-2288, or by email: info@GCPADataSettlement.com.

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and section 2 of the Settlement Agreement (available at www.GCPADataSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include: reimbursement of documented out-of-pocket expenses and lost time spent as a result of the Data Incident (up to a maximum of \$500), reimbursement of documented extraordinary expenses incurred as a result of the Data Incident (up to a maximum of \$4,000), and up to 18-months of credit monitoring and identity protection services to be paid for by GCPA. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

a. Between One and Three Hours of Documented Time Spent Dealing with the Data Incident:

I certify that I spent time dealing with the effects of the Data Incident and also experienced documented unreimbursed out-of-pocket losses.

Examples - You spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed.

You spent at least one full hour rescheduling medical appointments and/or finding alternative medical care and treatment, retaking or submitting to medical tests, locating medical records, retracing medical history as a result of the Data Incident.

I certify that I spent the following amount of time in response to the Data incident:

Total number of hours claimed:

b. Ordinary Out-of-Pocket Expenses Resulting from the Data Incident (Documentation Required):

I incurred unreimbursed charges in 2021 or 2022 as a result of the Data Incident.

Examples - unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after January 10, 2021, through August 6, 2021; and miscellaneous expenses such as notary, fax, postage, copying, mileage and longdistance telephone charges, that were incurred on or after January 10, 2021, through October 3, 2022.

Total amount for this category: \$.

Describe your ordinary expense(s) below, including the date the expense was incurred and its relation to the Data Incident.

Documentation of out-of-pocket expenses is required, as well as documentation demonstrating your reasonable efforts to avoid, or seek reimbursement for the expenses, including exhaustion of all available credit monitoring insurance and identity theft insurance.

If you are seeking reimbursement for fees, expenses, or charges, you MUST attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between January 10, 2021 through August 6, 2021, you MUST attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the GCPA Data Incident and not for any other

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

c. Extraordinary Expenses Resulting from the Data Incident (Documentation Required):

I incurred extraordinary expenses in 2021 or 2022 as a result of the Data Incident.

Total amount for this category: \$.

Describe your extraordinary expense(s) below, including the date the expense was incurred and its relation to the Data Incident.

Documentation of the extraordinary loss is required, as well as documentation demonstrating your reasonable efforts to avoid, or seek reimbursement for the expenses, including exhaustion of all available credit monitoring insurance and identity theft insurance, including any such insurance offered by GCPA in 2021. The loss must have more likely than not be caused by the Data Incident and not any other data breach, must have occurred in 2021 or 2022, and must not already be covered by the ordinary reimbursement category.

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

d. Claim up to 18-months of credit monitoring and identity protection services.

I would like to claim 18-months of credit monitoring and identity protection services.

The Settlement requires GCPA to provide up to 18-months of credit monitoring and identity protection services. Members of the Social Security Number Subclass who check the above box and submit a valid claim will be provided a code to claim 18-months of IdentityForce RapidResponse Premium. All other Settlement Class Members who check the above box and submit a valid claim will be provided a code to claim 18-months of IdentityForce RapidResponse ID.

The Settlement Administrator will email you an access code for credit monitoring if the Settlement is approved, and you provided a valid email address on Page 1 of this claim form. If you did not provide a valid email address, your access code will be mailed to you.

3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator or Claims Referee before my claim will be considered complete and valid.

Signature

Print Name

Date

4. REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement website at www.GCPADataSettlement.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
3. For more information, please visit the settlement website at www.GCPADataSettlement.com or call the Claims Administrator at 1-844-950-2288. Please do not call the Court or the Clerk of the Court for additional information.