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**Must be postmarked or  
submitted online NO LATER  
THAN February 15, 2026**

**Regional Obstetrical Data Incident  
Settlement Administrator  
P.O. BOX 4394  
Portland, OR 97208-4394  
ROCDDataSettlement.com**

## Regional Obstetrical Consultants, P.C. Data Incident Claim Form

### SETTLEMENT BENEFITS – WHAT YOU MAY GET

You are included in the Settlement Class and may submit a Claim Form for a Cash Payment if your Private Information was implicated in the Regional Obstetrical Consultants, P.C. Data Incident that occurred on or about May 6, 2024.

**The easiest way to submit a Claim Form is online at [ROCDDataSettlement.com](http://ROCDDataSettlement.com)**, or you can print out, complete, and mail this entire Claim Form (with any required documentation) to the mailing address above.

**All Settlement Class Members are eligible to file a Claim Form for a Cash Payment for Extraordinary and Ordinary Documented Losses OR an Alternate Cash Payment.**

**You may submit a Claim for one of the following benefits:**

- 1. Cash Payment A – Extraordinary Documented Losses:** If you incurred actual, documented and unreimbursed monetary loss arising out of or relating to identity theft or fraud that you believe is fairly traceable to the Data Incident, you can be reimbursed up to \$7,500.00. The loss must have occurred between May 6, 2024, and the date of your Claim Form submission and cannot already be covered by one or more available reimbursement categories. You must have made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. You must submit documents supporting your Claim.
- 2. Cash Payment B – Ordinary Documented Losses:** If you incurred actual, documented monetary loss that you believe is fairly traceable to the Data Incident, you can be reimbursed up to \$2,000.00. The loss must have occurred between May 6, 2024, and the date of your Claim Form submission. You must submit documents supporting your Claim.
- 3. Cash Payment C – Alternate Cash Payment:** If you do not elect and submit reasonable documentation supporting Cash Payment A (Extraordinary Documented Losses) or Cash Payment B (Ordinary Documented Losses), you can receive an Alternative Cash Payment in the amount of \$50.00 without submitting documentation.

More information about the Settlement Class Member Benefits above may be found in the Settlement Agreement located on the Settlement Website, [ROCDDataSettlement.com](http://ROCDDataSettlement.com).

**Claim Forms must be submitted online or postmarked by February 15, 2026. Use the website address above for online Claims or the physical address above for mailed Claims.**

The Settlement Administrator may contact you to request additional documentation to process your Claim Form.

**Please note that Settlement Class Member Benefits will be distributed only after the Settlement is approved by the Court and becomes final.**

If the Settlement is approved and your Claim for a Cash Payment is accepted, you will receive an email at the email address you provide below prompting you to select how you would like to be paid. You can receive your Cash Payment via a variety of digital options, or you can elect to receive a paper check.

Questions? Go to [ROCDDataSettlement.com](http://ROCDDataSettlement.com) or call 1-877-450-8783.



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### Your Information

*We will use this information to contact you and process your Claim Form. It will not be used for any other purpose. If any of the following information changes, you must promptly notify the Settlement Administrator.*

First Name:

MI:

Last Name:

Alternative Name(s) (If Any):

Unique ID (As shown on the notice you received):

Mailing Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

Year of Birth:



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### Cash Payment A – Extraordinary Documented Losses

If you incurred extraordinary monetary loss arising out or relating to identity theft or fraud that you believe is fairly traceable to the Data Incident and have not been reimbursed for that money, you can receive reimbursement up to \$7,500.00.

**Cash Payment A - Extraordinary Documented Losses:** I have experienced extraordinary documented out-of-pocket loss related to identity theft or fraud as a result of the Regional Obstetrical Data Incident. I am providing the necessary information and documentation.

In order for your claimed extraordinary loss to qualify for a payment, the following conditions must be met (1) the loss is an actual, documented, and unreimbursed monetary loss arising out of or relating to identity theft or fraud; (2) the loss is fairly traceable to the Data Incident; (3) the loss occurred between May 6, 2024, and the date of filing this Claim Form; (4) the loss is not already covered by one or more of the available reimbursement categories, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance; and (5) you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

It is important for you to send documents that show what happened and how much you lost or spent so you can be reimbursed. This documentation may include receipts or other documentation showing the amounts of charges incurred. You may mark out any transactions that are not relevant to your Claim before sending in the documentation. Self-prepared documents—such as handwritten receipts—are, by themselves, insufficient to receive reimbursement but can be considered by the Settlement Administrator to add clarity or support other submitted documentation.

Loss Type	Approximate Date Loss	Amount of Loss
Monetary losses or costs resulting from identity theft or fraud as a result of the Data Incident. Provide a detailed description below.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">MM</div> <div style="margin: 0 5px;">DD</div> <div style="margin: 0 5px;">YYYY</div> </div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

**Description of Loss or Money Spent and Supporting Documents**  
(Identify what you are attaching and why it is related to the Data Incident)  
*Examples: Receipts, bills, and invoices from accountants, lawyers, or others*

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### Cash Payment B – Ordinary Documented Losses

If you incurred ordinary monetary loss that you believe is fairly traceable to the Data Incident and have not been reimbursed for that money, you can receive reimbursement up to \$2,000.00.

**Cash Payment B - Ordinary Documented Losses:** I have experienced ordinary documented out-of-pocket loss as a result of the Regional Obstetrical Data Incident. I am providing the necessary information and documentation.

It is important for you to send documents that show what happened and how much you lost or spent so you can be reimbursed. Documentation must be mailed along with this Claim Form.

If you are a Settlement Class Member and you do not submit reasonable documentation supporting Cash Payment A (Extraordinary Documented Losses) or Cash Payment B (Ordinary Documented Losses), or if your Claim Form is invalid as determined by the Settlement Administrator, and you do not cure your Claim Form, your Claim Form will be treated as if you elected Cash Payment C (Alternate Cash Payment).

To look up more details about the Cash Payments in this Settlement, visit **ROCDDataSettlement.com** or call toll-free 1-877-450-8783. You will find more information about the types of losses that can be paid back to you, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment.

*By filling out the boxes on the next page of this form, you are certifying the money you spent does not relate to other data breaches.*

**You may make as many copies of the Claim Form pages as necessary to list all your expenses. If you need more space to list your losses, please submit additional pages of this Claim Form to provide that information.**



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Loss Type	Approximate Date Loss	Amount of Loss
Costs for freezing or unfreezing your credit report on or after 5/6/2024 if related to fraud or identity theft	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 24px;">-</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 24px;">-</span> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	\$ <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> . <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>
<p><b>Description of Loss or Money Spent and Supporting Documents</b>                      (Identify what you are attaching and why it is related to the Data Incident)  <i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i></p> <hr/> <hr/> <hr/> <hr/>		
Credit monitoring and identity theft protection purchased between 5/6/2024 and the date of your Claim Form submission are related to fraud or identity theft	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 24px;">-</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 24px;">-</span> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	\$ <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> . <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>
<p><b>Description of Loss or Money Spent and Supporting Documents</b>                      (Identify what you are attaching and why it is related to the Data Incident)  <i>Examples: Receipts or statements for credit monitoring services</i></p> <hr/> <hr/> <hr/> <hr/>		
Costs, expenses, and losses due to identity theft, fraud, or misuse of your Private Information on or after 5/6/2024 and that you believe are fairly traceable to the Data Incident	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 24px;">-</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 24px;">-</span> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	\$ <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> . <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>
<p><b>Description of Loss or Money Spent and Supporting Documents</b>                      (Identify what you are attaching and why it is related to the Data Incident)  <i>Examples: Account statement with unauthorized charges highlighted, police reports, IRS documents, FTC Identity Theft Reports, letters refusing to refund fraudulent charges, or credit monitoring services you purchased</i></p> <hr/> <hr/> <hr/> <hr/>		



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### Cash Payment C - Alternative Cash Payment

If you do not elect Cash Payment A (Extraordinary Documented Losses) and/or Cash Payment B (Ordinary Documented Losses), you can receive an Alternative Cash Payment in the amount of \$50.00 without submitting supporting documentation.

**Cash Payment C – Alternate Cash Payment:** My Private Information was implicated in the Regional Obstetrical Consultants, P.C. Data Incident, and I elect to receive a \$50.00 Cash Payment.

### Signature

I affirm under the laws of the United States that the information I have supplied in this form and any copies of documents I am sending to support my Claim are true and correct to the best of my knowledge.

I understand I may be asked to provide more information by the Settlement Administrator before my Claim is complete.

Print Name

Signature

Date:   -   -      
MM DD YYYY