

Instructions for Submitting Your Consumer Claim Form

If you received a notice in the mail, or by email, that includes your purchase amount and you agree with the amounts, you should follow the instructions for submitting that Claim Form. If you did not receive a notice or believe that you have additional amounts that you paid directly to NorthShore University HealthSystem (formerly known as Evanston Northwestern Healthcare) (“NorthShore”) for inpatient hospital services, its wholly-owned hospitals, predecessors, subsidiaries, or affiliates other than those acquired as a result of the merger with Rush North Shore Medical Center in the United States of America and Puerto Rico between February 10, 2000, through December 31, 2015, you may file a claim to ask for a share of the Settlement Fund. You must complete this Claim Form and mail it to the Notice and Claims Administrator at the address provided below postmarked, or you can submit your claim online at www.NorthShoreAntitrustLitigation.com, **no later than April 4, 2024**.

- Complete all required portions of the attached Claim Form:
 1. Complete *Section A*. You must provide your name and contact information.
 2. Review and complete *Section B* to confirm you qualify to file a claim.
 3. Complete *Section C* to provide information about the total amount paid directly to NorthShore University HealthSystem (formerly known as Evanston Northwestern Healthcare) (“NorthShore”) for inpatient hospital services, its wholly-owned hospitals, predecessors, subsidiaries, or affiliates other than those acquired as a result of the merger with Rush North Shore Medical Center in the United States of America and Puerto Rico between February 10, 2000, through December 31, 2015.
 4. Review *Section D* and provide documents to show the amount you paid directly to NorthShore University HealthSystem (formerly known as Evanston Northwestern Healthcare) (“NorthShore”) for inpatient hospital services, its wholly-owned hospitals, predecessors, subsidiaries, or affiliates other than those acquired as a result of the merger with Rush North Shore Medical Center in the United States of America and Puerto Rico between February 10, 2000, through December 31, 2015.
 5. Review *Section E* and sign the Claim Form to certify that the information you provided is true and correct to the best of your knowledge.
- If you sign and submit the Claim Form, you are swearing under penalty of perjury that you qualify to submit a claim.
- You have two options to submit a Claim Form:
 - You can mail your completed and signed Claim Form and supporting documents by First-Class U.S. Mail, postage prepaid, postmarked no later than **April 4, 2024**, to:

NorthShore Antitrust Litigation
c/o A.B. Data, Ltd.
P.O. Box 170990
Milwaukee, WI 53217

OR

- You can complete and submit the Claim Form and upload supporting documents on the Settlement website, www.NorthShoreAntitrustLitigation.com. If you complete the online Claim Form, you will receive a receipt saying that your claim was submitted. If you choose this option and file a claim electronically, your electronic signature and submission of the form will conform to the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, *et seq.*, and will have the same force and effect as if you signed the Claim Form in hard copy.
- If your completed Claim Form is not postmarked or filed online by **April 4, 2024**, you will not get a payment from this Settlement. Submitting this Claim Form does not guarantee that you will get a payment from the Settlement.

**MUST BE
POSTMARKED ON OR
BEFORE, OR
SUBMITTED ONLINE
BY, APRIL 4, 2024**

NorthShore Antitrust Litigation

CONSUMER CLAIM FORM

Use Blue or Black Ink Only

Attention: This form should only be filled out if you are a Consumer. If you are a Third-Party Payor, please fill out the Third-Party Payor Claim Form, available at www.NorthShoreAntitrustLitigation.com.

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative (if any)

Street Address

City

State

Zip Code

Daytime Telephone Number

Email Address*

*By providing your email address, you authorize the Notice and Claims Administrator to use it to send you information relevant to this claim.

Section B: Should I File a Claim Form?

You may qualify to file a Claim Form and get a payment from the proposed Settlement, if you meet the criteria below:

All persons or entities in the United States of America and Puerto Rico, except those who solely paid fixed amount co-pays, uninsureds who did not pay their bill, Medicaid and Traditional Medicare patients, governmental entities, defendant, other providers of healthcare services, and the present and former parents, predecessors, subsidiaries, and affiliates of defendant and other providers of healthcare services, who purchased or paid for inpatient hospital services directly from NorthShore University HealthSystem (formerly known as Evanston Northwestern Healthcare), its wholly-owned hospitals, predecessors, subsidiaries, or affiliates other than those acquired as a result of the merger with Rush North Shore Medical Center from February 10, 2000, through December 31, 2015.

You should not file a claim if you are among the following:

- Persons or entities who only paid for outpatient services;
- Persons who paid only a fixed amount to NorthShore through co-pays;
- Persons without insurance who did not pay their bill;
- Medicaid and Traditional Medicare patients;
- Persons who only received services at Skokie Hospital (formerly known as Rush North Shore Medical Center); and
- Anyone that previously excluded themselves from the Class.

Section C: Purchase Information

Please provide the total amount paid directly to NorthShore for inpatient hospital services, its wholly-owned hospitals, predecessors, subsidiaries, or affiliates other than those acquired as a result of the merger with Rush North Shore Medical Center, between February 10, 2000, through December 31, 2015, in the United States of America and Puerto Rico.

Total Amount Paid:	\$
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Section D: Claim Documentation and Disputes Regarding Claim Amounts

You should also submit any of the following acceptable documents to support your claim:

- Invoices, statements, or other records showing that you paid directly to NorthShore for inpatient hospital services, its wholly-owned hospitals, predecessors, subsidiaries, or affiliates other than those acquired as a result of the merger with Rush North Shore Medical Center, between February 10, 2000, through December 31, 2015, in the United States of America and Puerto Rico.

Note: You may have a claim even if you cannot provide any of the above claim documents right now as long as you complete the Certification in Section E below. However, if you do not provide any supporting claim documents, the Notice and Claims Administrator may ask for additional claim documents or proof after you submit your Claim Form. Please keep all records of your purchases. Claims may be audited and rejected because of fraud concerns or potentially inaccurate amounts based on expected average purchases.

If the Notice and Claims Administrator rejects or reduces your claim and you believe they made an error, you may contact the Notice and Claims Administrator to request further review. If the dispute about your claim cannot be resolved by the Notice and Claims Administrator and Class Counsel, you may ask the Court to review your claim.

Section E: Certification

I have read and am familiar with the content of the Instructions accompanying this Claim Form. I certify that the information I provided in this Claim Form and in any documents attached by me are true, correct, and complete to the best of my knowledge. I certify that I, or the member(s) of the Class I represent, am/are located within the United States or Puerto Rico, and purchased or paid for inpatient hospital services directly from NorthShore University HealthSystem (formerly known as Evanston Northwestern Healthcare), its wholly-owned hospitals, predecessors, subsidiaries, or affiliates other than those acquired as a result of the merger with Rush North Shore Medical Center from February 10, 2000, to December 31, 2015.

I further certify that I, or the member(s) of the Class I represent, did not ask to be excluded (“opt out”) from the class in this lawsuit and am/are not otherwise excluded from the Class as described in Section B of this Claim Form.

I further certify I have provided all the requested information to the extent I have it.

I further certify that I, and the member(s) of the Class I represent, have read and are familiar with the releases stated in paragraph 10 of the Settlement Agreement and understand that by staying in the Class they give up their rights and can no longer sue or participate in any lawsuit against the Defendant in the future about the claims resolved in this lawsuit.

I hereby submit to the jurisdiction of the United States District Court for the Northern District of Illinois, Eastern Division for all purposes connected with this Claim Form, including resolving disputes related to this Claim

Form. I acknowledge that if I provided any false information or representations related to this claim, I may be subject to sanctions, including criminal prosecution. If the Notice and Claims Administrator requests additional supporting documents to supplement this Claim Form and the information in it, I agree to provide them.

I certify that the above information supplied by the undersigned is true and correct to the best of my knowledge, and this Claim Form was signed on _____, 2024.

Signature

Print or Type Name

Mail your completed Claim Form, along with any available documents that support your claim, to the address below postmarked no later than **April 4, 2024**, or submit the information online at the website below by that date:

NorthShore Antitrust Litigation
c/o A.B. Data, Ltd.
P.O. Box 170990
Milwaukee, WI 53217
Toll-Free Telephone: 1-800-952-3716
Website: www.NorthShoreAntitrustLitigation.com

REMINDER CHECKLIST:

1. Please complete and sign the above Claim Form or complete the online Claim Form. Attach or upload any documents that support your claim.
2. Keep a copy of your Claim Form and supporting documents for your records.
3. If you would also like a receipt acknowledging your Claim Form was received, please complete the form online or mail this form via Certified Mail, Return Receipt Requested.
4. If you move and/or your name changes, please send your new address and/or your new name or contact information to the Notice and Claims Administrator at info@NorthShoreAntitrustLitigation.com or via U.S. Mail at the address above.