**Your claim must be submitted online or postmarked by: January 19, 2027**

# CLAIM FORM

*Brenda Gibson, et al v. Picis Clinical Solutions, Inc. d/b/a Medstreaming*
Case No. CACE-26-013729
Circuit Court of the 17th Judicial Circuit in and for Broward County, Florida

## GENERAL INSTRUCTIONS

You are a Settlement Class Member if your Private Information was identified as being potentially accessed in the Data Breach in or around May 13, 2025 and announced by Defendant Picis Clinical Solutions, Inc. d/b/a Medstreaming ("Defendant") on December 3, 2025.

You may submit a claim for settlement benefits, outlined below. You are eligible for monetary recovery in this settlement if you submit a valid and approved claim in the settlement of *Brenda Gibson, et al v. Picis Clinical Solutions, Inc. d/b/a Medstreaming*, Case No. CACE-26-013729 (the "Action"), filed in the Circuit Court of the 17th Judicial Circuit in and for Broward County, Florida. Please refer to the Long-Form Notice posted on the Settlement Website www.PCSDataSettlement.com for more information on submitting a Claim Form.

The Claim Form may be submitted online on the Settlement Website or may be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Picis Clinical Solutions Settlement
c/o RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

The unique Notice ID and PIN that were printed on the Notice you received will be required to access the online and paper claim forms. The deadline to submit online or mail a Claim Form is January 19, 2027.

**You may submit a claim for the following benefits:**

1) **Cash Payment A – Documented Losses:** Settlement Class Members may submit a claim for a Cash Payment of up to $2,500.00 per Settlement Class Member upon presentment of proper documented losses for fraud and identity theft reasonably traceable to the Data Breach. To receive reimbursement for these losses, Settlement Class Members must submit a valid and timely claim, including necessary supporting documentation to the Settlement Administrator. That means documentation contemporaneously generated or prepared by a third party or the Settlement Class Member supporting a claim for expenses paid. Non-exhaustive examples of reasonable documentation include telephone records, correspondence including emails, or receipts. Personal certifications, declarations, or affidavits from the Settlement Class Member do not, without more, constitute reasonable documentation but may be included to provide clarification, context, or support for other third-party reasonable documentation submitted with the Claim.

2) **Cash Payment B – Alternate Cash Payment:** As an alternative to Cash Payment A – Documented Losses, all Settlement Class Members may elect to receive Cash Payment B - Alternate Cash Payment, which is a cash payment in the amount of $20.00. There is no documentation required to claim this benefit other than submission of a valid and timely Claim Form attesting to membership in the Settlement Class.

3) **Credit Monitoring:** In addition to a Cash Payment, all Settlement Class Members will automatically receive enrollment codes for two years with one bureau of Credit Monitoring. The Postcard Notice, includes your enrollment codes for Credit Monitoring. Enrollment and activation of Credit Monitoring services will be available only after the Court grants Final Approval.

## I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

_____

**Name**

_____

**Address 1**

_____

**Address 2**

_____ ____ ____ _____

**City** **State** **Zip Code**

_____@_____

**Email Address (*Required if requesting electronic payment*)**

**Telephone Number: ( _____ _____ _____ ) _____ _____ _____ - _____ _____ _____ _____**

## II. CLASS MEMBERSHIP

☐ Check this box to certify that you are an individual whose Private Information was potentially impacted in the Data Breach.

Enter the Notice ID provided on your Notice: _____

## III. CASH PAYMENT A - DOCUMENTED LOSSES

Settlement Class Members may submit a claim for up to $2,500 of documented losses for fraud and identity theft reasonably traceable to the Data Breach. Documentation of such losses may include, without limitation, the following: (i) telephone records; (ii) correspondence including emails; (iii) receipts.

☐ **Check this box if you wish to submit a claim for a Cash Payment for Documented Losses.** To receive a Cash Payment for Documented Losses, a Settlement Class Member must attest, under penalty of perjury, to incurring documented losses. You are required to submit reasonable documentation supporting the losses and demonstrating that the losses are more likely than not related to the Data Breach.

**Total amount for this category $ _____ (not more than $2,500)**

☐ I attest under penalty of perjury to having incurred the losses for which this claim is submitted.

*Settlement Class Members with losses must submit documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.*

## IV. CASH PAYMENT B – ALTERNATE CASH PAYMENT

All Settlement Class Members may make a claim for a flat cash payment in the amount of $20.00 without the need to document losses incurred as a result of the Data Breach.

☐ **Check this box to request an Alternate Cash Payment.**

## V. CREDIT MONITORING

In addition to electing to receive monetary compensation, all Settlement Class Members will automatically receive two years with one bureau of Credit Monitoring.

☐ **Check this box to receive a reminder with Credit Monitoring enrollment is available.**

## VI. PAYMENT SELECTION

☐ Check this box if you would like to receive payment for your approved claim, if any, via electronic means.

Please provide the email address for an electronic payment notification: _____

If you do not check this box or provide a valid email address, your payment will be mailed via check to the address provided above.

## VII. ATTESTATION & SIGNATURE

By signing my name below, I swear and affirm under penalty of perjury that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

_____ ___ ___ / ___ ___ / ___ ___ ___ ___

Signature Date

_____

Print Name