

United States District Court for the Western District of Wisconsin

Micone v. UMR, Inc., No. 3:23-CV-00513

INSTRUCTIONS FOR COMPLETING THE ENCLOSED COVERED ER CLAIM FORM

You must complete, sign, and return the enclosed claim form to receive a payment for a Covered ER Claim under the Consent Order and Judgment (“Consent Judgment”).¹

Claim Submission Instructions and Deadlines

- To receive payment for a Covered ER Claim under the Consent Judgment, you must submit a signed claim form and all required documentation by September 2, 2025.
- You may submit your claim form and all required documentation at www.UDSERSettlement.com or by mail (postmarked by September 2, 2025) to

UMR UDS-ER Settlement
c/o JND Legal Administration
P.O. Box 91226
Seattle, WA 98111

- If submitting your claim form online, visit www.UDSERSettlement.com and use the Unique ID and PIN listed in the Notice of Settlement form to access the claims submission portal. Also available on the website is a secure link that will provide you with information regarding your original claim(s) including the claim number(s), claim date(s), and provider name(s).
- You should not wait until close to the deadline to submit your claim form. All claim forms require information and documentation that you might need time to collect.
- The following documentation is required to submit a claim:
 - A completed and signed claim form
 - A completed and signed Release of claims
 - Documentation that you paid out-of-pocket to your medical provider for a Covered ER Claim.

Claim Review and Payment Process

- After you have submitted your claim form, the Settlement Administrator will review your claim form and supporting documents for completeness and eligibility.
- If you wish to raise any disputes regarding a payment for a Covered ER Claim under the Consent Judgment, you must contact the Settlement Administrator within 30 days of receiving

¹ All capitalized terms in this claim form are defined in the Consent Judgment, which can be found at www.UDSERSettlement.com.

the payment or communication that prompts the dispute. If the Settlement Administrator requests additional information, the participant or beneficiary must provide that information within 30 days. The Settlement Administrator will then make a decision on the dispute regarding the payment, and there will be no further opportunity for participants or beneficiaries to raise any dispute regarding the Settlement Administrator’s decision on the payment for the Covered ER Claim.

COVERED ER CLAIMS - CLAIM FORM
SECTION A: NAME AND CONTACT INFORMATION ALL CLAIMANTS MUST COMPLETE

Please provide your name and contact information below. You must notify the Settlement Administrator in writing, by mail or e-mail, if your contact information changes after you submit your claim form; otherwise you may not receive your payment.

First Name	Middle Initial	Current Last Name	Former Last Name (if applicable)	Suffix
Mailing Address				
City		State	Zip Code	
Email Address			Best Telephone Number to Contact You	
Unique ID & PIN				
Claim Number		Out-of-Pocket Amount Claimed (up to \$353.22 per covered claim)		

SECTION B: DOCUMENTS REQUIRED TO COMPLETE YOUR CLAIM

You must submit supporting documentation with your claim form to complete your claim. Please check the corresponding boxes to confirm that you have included the required documentation with your claim.

- A completed and signed Release of claims.
- Documentation showing that you paid an amount out-of-pocket to your medical provider.
 - This documentation must include: copies of canceled checks, credit card statements, bank account statements, receipt(s) for payment(s), or statements from a financial institution showing that you paid out-of-pocket to your medical provider for the Covered ER Claim.

SECTION C: AFFIRMATION FOR ENTIRE CLAIM FORM ALL CLAIMANTS MUST COMPLETE

I understand that in order to obtain payment for a Covered ER Claim under the Consent Judgment, I must sign and date the following certification and provide the documentation listed above.

I affirm under penalty of perjury that all information in this claim form is true and accurate to the best of my knowledge.

Signature	Date
Print Name	

Please keep a copy of your claim form and all supporting documentation for your records.