

Owens, et al. v. US Radiology Specialists, Inc., et al.  
c/o Kroll Settlement Administration  
P.O. Box 225391  
New York, NY 10150-5391

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**ELECTRONIC SERVICE REQUESTED**

**NOTICE OF CLASS ACTION**  
**SETTLEMENT**

You may be entitled to submit a Claim  
for monetary compensation under a  
class action settlement.

**[www.USRadSettlement.com](http://www.USRadSettlement.com)**

<< Barcode>>

Class Member ID: <<Refnum>>

**Postal Service: Please do not mark or cover barcode**

<<FirstName>> <<LastName>>

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<<City>>, <<ST>> <<Zip>>-<<zip4>>

## **WHO IS A CLASS MEMBER?**

In the Litigation, *Beverly Owens, et al. v. U.S. Radiology Specialists, Inc., et al.*, Case No. 22 CVS 17797 (N.C. Super. Ct., Mecklenburg Cty.), you are a Class Member if your personal and/or health information was potentially compromised as a result of the Data Incident perpetrated on US Radiology Specialists, Inc. ("US Radiology") as well as other Released Persons, discovered in December 2021 (the "Class").

## **WHAT ARE THE SETTLEMENT BENEFITS AND TERMS?**

Under the settlement, US Radiology has agreed to pay \$5,050,000 into a Settlement Fund which will be distributed to Class Members who submit timely and Valid Claims, after deducting any Class Representative Service Awards, Class Counsel's attorneys' fees and expenses, and Administration Fees, if such awards are approved by the Court. All Class Members may submit Claims to receive a *Pro Rata* Cash Payment. Class Members who believe they suffered out-of-pocket expenses as a result of the Data Incident may claim up to \$5,000 (subject to *pro rata* adjustment) for the reimbursement of sufficiently documented expenses. Class Members who spent time dealing with misuse of their personal information as a result of the Data Incident may claim up to \$100. Class Members who can prove fraudulent activity as a result of the Data Incident may claim up to \$5,000 with documented proof. An estimated \$50 *Pro Rata* Cash Payment may be made to claimants if there is a remaining balance in the Settlement Fund after payments for Valid Claims, Administration Fees, attorneys' fees and expenses, and any Class Representative Service Awards. These cash payment amounts may not ultimately be \$50, as they will be adjusted upwards or downwards depending on the amount of Valid Claims. More information about the types of Claims and how to file them is available at the Settlement Website [www.USRadSettlement.com](http://www.USRadSettlement.com).

## **WHAT ARE YOUR RIGHTS AND OPTIONS?**

**Submit a Claim Form.** To qualify for a cash payment, you must timely mail a Claim Form that is attached to this Notice or timely complete and submit a Claim Form online at [www.USRadSettlement.com](http://www.USRadSettlement.com). Your Claim Form must be postmarked or submitted online no later than **May 28, 2024**. Kroll Settlement Administration LLC is the Settlement Administrator.

**Opt Out.** You may exclude yourself from the settlement and retain your ability to sue US Radiology or other Released Persons on your own by mailing a written request for exclusion to the Settlement Administrator that is postmarked no later than **April 26, 2024**. If you do not exclude yourself, you will be bound by the settlement and give up your right to sue regarding the Released Claims.

**Objecting.** If you do not exclude yourself, you have the right to object to the settlement. Written objections must be signed, postmarked no later than **April 26, 2024**, and provide the reasons for the objection. Please visit [www.USRadSettlement.com](http://www.USRadSettlement.com) for more details.

**Do Nothing.** If you do nothing, you will not receive a settlement payment and will lose the right to sue regarding the Released Claims. You will be bound by the Court's decision because this is a conditionally certified class action.

**Attend the Final Approval Hearing.** The Court will hold a **Final Approval Hearing at 9:30 a.m. ET on May 10, 2024**, to determine if the settlement is fair, reasonable, and adequate. All persons who timely object to the settlement may appear at the Final Approval Hearing.

**Who are the attorneys for the Plaintiffs and the proposed Class?** The Court appointed Jean S. Martin of Morgan & Morgan; Terence R. Coates of Markovits, Stock & DeMarco, LLC; Joseph M. Lyon of The Lyon Firm; Gerard Stranch of Stranch, Jennings, & Garvey PLLC; Brian C. Gudmundson of Zimmerman Reed; Mason A. Barney of Siri & Glimstad; and Jason Rathod of Migliaccio & Rathod LLP to represent the Class.

**Do I have any obligation to pay attorneys' fees or expenses?** No. Attorneys' fees and expenses will be paid exclusively from the Settlement Fund as awarded and approved by the Court. Attorneys' fees may amount up to \$1,683,333.33, and expenses will not exceed \$30,000. The motion for attorneys' fees and expenses will be posted on the Settlement Website once it is filed.

**How much are the Class Representative Services Awards?** The 12 named Plaintiffs, also called the Class Representatives, will seek Service Awards in the amount of \$3,000 each for their efforts in this case.

**Who is the Judge overseeing this settlement?** Judge Osman.

**Where may I locate a copy of the Settlement Agreement, learn more about the case, or learn more about submitting a Claim?** [www.USRadSettlement.com](http://www.USRadSettlement.com)

\*\*\*Please note that if you wish to submit an Out-of-Pocket-Expense Claim on the attached Claim Form, you will likely need to submit your Claim online so that you can attach all information necessary to support your request for payment. A longer version of the Claim Form may be accessed on the Settlement Website.

**This Notice is a summary of the proposed settlement.**

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Postage  
Required

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P.O. Box 225391  
New York, NY 10150-5391

<<Barcode>>

Class Member ID: <<Refnum>>

### **CLAIM FORM**

**Claims must be postmarked no later than May 28, 2024. You may also submit a Claim Form online no later than May 28, 2024.**

Class Member ID: <<refnum>>

If different than the preprinted data on the left, please print your correct information:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

<<firstname>> <<mi>> <<lastname>>

<<address1>> <<address2>>

<<City>>, <<State>> <<Zip>>

### **Monetary Compensation**

- 1. Pro Rata Cash Payment:** Would you like to receive a cash payment of \$50? (subject to change)? (circle one) **Yes** **No**  
If you are a Class Member, you may receive a \$50 cash payment, which may be increased or decreased *pro rata* from funds remaining in the Settlement Fund after all Claims are submitted and deductions are made from the Settlement Fund.
- 2. Lost Time Claim:** I am submitting a Claim for monetary compensation for \_\_\_\_\_ hours of time spent remedying issues related to the Data Incident. I understand any monetary compensation I may receive under the settlement for time spent is capped at four (4) total hours at a rate of \$25 per hour for a total amount of \$100.
- 3. Out-of-Pocket Expenses:** I am submitting a Claim for out-of-pocket monetary expenses in the amount of \$ \_\_\_\_\_ (not more than \$5,000) for out-of-pocket expenses and/or losses I incurred as a result of the Data Incident. I understand that I am required to provide supporting third-party documentation to support my Claim, such as providing copies of any receipts, bank statements, or other documentation supporting my Claim. I understand that "self-prepared" documents are insufficient to receive reimbursement. I understand that the Settlement Administrator may contact me for additional information before processing my Claim. I understand that if I lack information supporting my Claim, I will likely not receive this payment. I understand any monetary compensation I may receive under the settlement for out-of-pocket monetary expenses is capped at \$5,000.
- 4. Verified Fraud:** I am submitting a Claim for monetary compensation in the amount of \$ \_\_\_\_\_ for verified incidents (\$250 per occurrence) of fraud which occurred as a result of the Data Incident. I understand that I am required to provide supporting third-party documentation to support my Claim. I understand the Settlement Administrator may contact me for additional information before processing my Claim. I understand that if I lack information supporting my Claim, I will likely not receive this payment. I understand any monetary compensation for verified fraud incidents is capped at \$5,000.

**By signing my name below, I swear and affirm 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.**

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_