

Onsite Settlement
Administrator
P.O. Box 3868
Baton Rouge, LA 70821

**Your Claim Form
must be postmarked or
submitted online no
later than August 11,
2026**

Clarkson, et al. v. Onsite Mammography, LLC, Case. No. 3:25-cv-11123-MGM
CLAIM FORM

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are a U.S. resident whose personally identifiable information (PII) and/or protected health information (PHI) (collectively, “Private Information”), may have been impacted by the Incident, including all those individuals who received notice of the breach.

The easiest way to submit a Claim Form is online at: www.OnsiteSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a Claim for one or more of these benefits:

(1) Pro Rata Cash Payment. You may elect to receive Pro Rata Cash Payment. No documentation is required to make this Claim. Pro Rata Cash Payments will be paid from the Net Settlement Fund after Approved Claims for Out-of-Pocket Losses, followed by Approved Claims for Credit Monitoring Services

AND

(2) Out-of-Pocket Losses. All Settlement Class Members may submit a Claim Form for a Settlement Payment up to \$5,000.00 per Settlement Class Member by submitting reasonable documentation of losses related to the Data Incident.

You must provide the Settlement Administrator with the information required to evaluate the claim, including:

- (1) the Settlement Class Member’s name and current address;
- (2) documentation supporting their claim;
- (3) a brief description of the documentation describing the nature of the loss, if the nature of the loss is not apparent from the documentation alone; and
- (4) whether the Settlement Class Member has been reimbursed for the loss by another source.

Losses can include receipts or other documentation not “self-prepared” by the Settlement Class Member that documents the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

AND

(3) Credit and Medical/Health Data Monitoring and Insurance Services (“CMIS”). Each Settlement Class Member who submits a valid and timely Claim Form may elect to receive three (3) years of CMIS regardless of whether they also make a Claim for a Settlement Payment.

**Claims must be submitted online or mailed by August 11, 2026.
Use the address at the top of this form to mail your Claim Form.**

QUESTIONS? VISIT WWW.ONSITSETTLEMENT.COM OR CALL TOLL-FREE 1-855-389-9238

YOUR 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.

First Name	Last Name	
Street Address		
City	State	Zip Code
Email Address	Telephone Number	Notice ID, if known

PRO RATA CASH PAYMENT

All Settlement Class Members may submit a Claim to receive a **Pro Rata Cash Payment**. Pro Rata Cash Payments will be paid from the Net Settlement Fund after Approved Claims for Out-of-Pocket Losses, followed by Approved Claims for Credit Monitoring Services.

Check this box if you wish to receive a Pro Rata Cash Payment.

OUT-OF-POCKET LOSSES

Check this box if you are requesting compensation for **Out-of-Pocket Losses** up to a total of \$5,000.00.

You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount	Date
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>	<i>MM/DD/YYYY</i>
TOTAL AMOUNT CLAIMED:		

CREDIT MONITORING SERVICES ("CMIS")

Each Settlement Class Member may elect to receive three (3) years of CyEx Medical Shield Complete regardless of whether they also make a Claim for a Settlement Payment.

If you elect to receive Credit and Medical/Health Data Monitoring and Insurance Services and your Claim is approved, the Settlement Administrator will e-mail your enrollment code after Final Approval to the email address provided on page two.

Check this box if you wish to receive Credit and Medical/Health Data Monitoring and Insurance Services.

PAYMENT SELECTION

Please select **one** of the following payment options:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

Physical Check - Payment will be mailed to the address provided on this form.

ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date