Exhibit D

United States District Court, District of New Jersey
In re AMERICAN MEDICAL COLLECTION AGENCY INC. CUSTOMER DATA SECURITY BREACH LITIGATION (All Actions Against Sonic Healthcare U.S.A., Aurora Diagnostics LLC, Clinical Pathology Laboratories, Inc., and Austin Pathology Associates): Case No. 19-md-2904

Example QR Code. Replace this with case specific QR Code.

Class Action Settlement Notice

Authorized by the United States District Court

Your information may have been impacted in an alleged data breach at a medical collection agency.

There is a $6,438,578.20 settlement of a lawsuit.

You may be entitled to money.

To be part of this settlement, you can respond by [date].

You can visit [website] to learn more.

Key things to know:

- This is an important legal document.
- If you take no action and are a Settlement Class member, any ruling from the court will apply to you, and you will not be able to sue Sonic Healthcare U.S.A., Aurora Diagnostics LLC, Clinical Pathology Laboratories, Inc., and Austin Pathology Associates about the same issues.
- If you have questions or need assistance, please call [phone number].
- You can learn more at [website] or by scanning the QR code.

AM. MED. COLLECTION AGENCY, INC. CUSTOMER DATA SECURITY BREACH LITIG. SONIC HEALTHCARE U.S.A., AURORA DIAGNOSTICS LLC, CLINICAL PATHOLOGY LABORATORIES, INC., AND AUSTIN PATHOLOGY ASSOCIATES SETTLEMENT
c/o Settlement Administrator
[ADDRESS]

Court-Approved Legal Notice

This is an important notice about a class action lawsuit.

«ScanString»
Postal Service: Please do not mark barcode

Notice ID: «Notice ID»
Confirmation Code: «Confirmation Code»
«FirstName» «LastName»
«Address1»
«Address2»
«City», «StateCd» «Zip»
«CountryCd»

CLAIM FORM

Claims must be postmarked no later than _____, 2026 or submitted online no later than _____, 2026.
FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Monetary Compensation: If you want to submit a claim for Out-of-Pocket Losses, visit **www.website.com** to submit your Claim Form and supporting documentation online or download a Claim Form to complete and return by mail. If you make a claim for Out-of-Pocket Losses you **cannot** also claim an Alternative Cash Payment.

Alternative Cash Payment: Do you want an Alternative Cash Payment estimated at $50 instead of Out-of-Pocket Losses? ☐ YES ☐ NO. This value may be increased or decreased after payments for valid claims, settlement administrative costs, service awards to named plaintiffs, and attorneys' fees and expenses are deducted from the Settlement Fund.

Medical Monitoring Services: Would you like to receive two (2) year of Monitoring Services through CyEx Medical Shield Pro? ☐ YES ☐ NO. You can receive Monitoring Services in addition to claiming Out-of-Pocket Losses or an Alternative Cash Payment. To receive Monitoring Services, you must provide your email address here: _____.

To receive a payment from this Settlement via an electronic payment, you must submit the Claim Form electronically at www.website.com by **Month XX, 2026**. If you submit your claim through the mail using this Claim Form, payment will be mailed to the address provided above.

I swear under penalty of perjury that I am eligible to make a claim and that the information provided in this Claim Form is true.

Signature: _____ Date (mm/dd/yyyy): ___/____/_____ Print Name: _____

_____
_____
_____

AMERICAN MEDICAL COLLECTION AGENCY, INC.
CUSTOMER DATA SECURITY BREACH LITIGATION
SONIC HEALTHCARE U.S.A., AURORA DIAGNOSTICS LLC,
CLINICAL PATHOLOGY LABORATORIES, INC., AND
AUSTIN PATHOLOGY ASSOCIATES SETTLEMENT
Attn: Claim Forms
[ADDRESS]