

# Exhibit C

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Your claim must be  
submitted online or  
postmarked by:  
**Month xx, 202x**

## **CLAIM FORM**

*Mayer v. Midwest Physician Administrative Services, LLC d/b/a  
Duly Health and Care, Case No. 1:23-cv-03132  
United States District Court, Northern District of Illinois*

**MIDW - C**

### **GENERAL INSTRUCTIONS**

If you logged into the authenticated portion of Duly's website, <https://www.dulyhealthandcare.com/>, between July 24, 2020, and April 10, 2023, you may submit a claim for a settlement payment. Payments will be distributed *pro rata* (proportional) based on the total number of valid Claim Forms received and the amount remaining in the Settlement Fund after making court-approved deductions.

Please refer to the Long Form Notice posted on the Settlement Website [www.\[website\].com](http://www.[website].com) for more information.

### **I. PAYMENT SELECTION**

If you would like to elect to receive your payment electronically, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

### **II. 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.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### **III. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (mm/dd/yyyy)

Print Name

**Reminder:** If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the Contact section of the Settlement Website at [www.\[website\].com](http://www.[website].com) and provide your updated address information. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request. For more information, visit the Settlement Website or call the Settlement Administrator at **(xxx) xxx-xxxx**.