

**Your claim must be
submitted online or
postmarked by:
December 10, 2025**

McKoy et al. v. Ott Cone & Redpath, P.A.
Case No. 24-CV-028463-400
Superior Court of the State of North Carolina, Guilford County

**OCR
CLAIM**

CLAIM FORM

GENERAL INSTRUCTIONS

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

You are an individual who was notified of the June 2024 cyberattack perpetrated against the Defendant wherein cybercriminals potentially accessed and/or acquired files containing the Private Information of approximately 34,457 individuals (the "Data Breach"). The Private Information potentially exposed in the Data Breach included the full names, Social Security numbers, and Private Health Information of Defendant's patients and former patients.

The Settlement Benefits

Expense Reimbursement. Settlement Class Members are eligible to receive reimbursement for the following documented out-of-pocket losses, if not already reimbursed through any other source and caused by the Data Breach, **not to exceed \$2,500.00 per Settlement Class Member:**

- (i) unreimbursed costs to obtain credit reports;
- (ii) unreimbursed fees relating to a credit freeze;
- (iii) unreimbursed card replacement fees;
- (iv) unreimbursed late fees;
- (v) unreimbursed over-limit fees;
- (vi) unreimbursed interest and fees on payday loans taken as a result of the Data Breach;
- (vii) unreimbursed bank or credit card fees;
- (viii) unreimbursed postage, mileage, and other incidental expenses resulting from the Data Breach; and
- (ix) unreimbursed costs associated with up to one year of credit monitoring or identity theft insurance purchased after June 3, 2024, and prior to the Effective Date, with certification that it was purchased primarily as a result of the Data Breach.

The amount of the expense reimbursement shall be decreased on a *pro rata* basis to the extent a reduction is required due to the number of valid claims filed exceeding the amount of funds available for these payments.

Settlement Class Members must submit documentation supporting their expense reimbursement claims. This can include receipts or other documentation not "self-prepared" by the claimant that document the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

Credit Monitoring. Settlement Class Members are eligible to enroll in three (3) years of credit monitoring services through one bureau.

Alternative Cash Payment. Settlement Class Members can elect to make a claim for an alternative cash payment up to \$50 in lieu of expense reimbursement. No documentation is required to make this claim. The amount of the alternative cash payment shall be decreased on a *pro rata* basis to the extent a reduction is required due to the number of valid claims filed exceeding the amount of funds available for these payments.

All Settlement Class Member Claims and all Settlement Expenses, Costs of Notice and Claims Administration, Attorneys' Fees and Costs, and Expenses, and Service Awards to Representative Plaintiffs are subject to an aggregate cap of \$600,000.00 pursuant to the terms of the Settlement Agreement.

This Claim Form may be submitted electronically *via* the Settlement Website at www.ocrdataincident.com or completed and mailed, including any supporting documentation, to: McKoy v. Ott Cone & Redpath, P.A., c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	
Street Address	
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	<input type="text"/>
Email Address	Zip Code
<input type="text"/>	<input type="text"/>
Telephone Number	CPT ID, if known

II. EXPENSE REIMBURSEMENT

- ☐ Check this box if you are requesting compensation for **Expense Reimbursement** up to a total of \$2,500.00. **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
Example: Receipt for credit repair services	\$100
TOTAL AMOUNT CLAIMED:	

- ☐ You must check this box to attest that the out-of-pocket expenses and charges you listed above actually occurred and arose from the Data Breach.

III. CREDIT MONITORING SERVICES

- ☐ Check this box if you wish to enroll in Credit Monitoring Services for three (3) years.

A unique redemption code, allowing Settlement Class Members to enroll in these services will be sent to each Settlement Class Member who submits a valid claim for such services after the Court approves the Settlement as final and after any appeals are resolved.

QUESTIONS? VISIT WWW.OCRDATAINCIDENT.COM OR CALL TOLL-FREE 1-888-400-1547.

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IV. ALTERNATIVE CASH PAYMENT

☐ Check this box if you wish to receive an alternative cash payment of up to \$50 in lieu of expense reimbursement.

V. PAYMENT

Cash Payments will be sent in the form of a paper check to the address in Section I. If you would like to receive payment in a different form, for example, PayPal, Venmo or Direct Deposit, please file your Claim Form electronically through the Settlement Website at www.ocrdataincident.com.

VI. 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 Claims Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date