

Settlement Class A – “The Billing Claim Class” **CLAIM FORM**

Jerry W. Ray v. AdaptHealth Corporation, Case No. 1:22-cv-00898 (M.D.N.C.)

If you were billed by AdaptHealth for medical equipment you did not have, you may be eligible for a payment in a class action settlement

Settlement Class A Members must complete and submit this Claim Form to be eligible to receive a payment.

To file a Claim Form for a payment, you must complete and file this Claim Form. You can either:

1. File Online: File online at www.NCAdaptHealthSettlement.com;
2. File by Email: Submit your completed Claim Form, by email, to info@NCAdaptHealthSettlement.com;
- or
3. File by Mail: Fill out, sign, and return this completed Claim Form to:

NC AdaptHealth Settlement
c/o JND Legal Administration
PO Box 91233
Seattle, WA 98111

Important: All Claim Forms must be submitted electronically or postmarked by December 8, 2026.



STEP 1: SETTLEMENT CLASS A - CLAIMANT INFORMATION

1. CLAIMANT NAME:			
2. ADAPTHEALTH ACCOUNT NUMBER:			
3. MAILING ADDRESS:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
4. TELEPHONE NUMBER:			
5. EMAIL ADDRESS:			
6. SOCIAL SECURITY NO.: - OR - TAX ID NO.: (optional)			



STEP 2: SETTLEMENT CLASS A - REQUIREMENTS

According to a review of AdaptHealth's records, all the statements below apply to you:

- ✓ I purchased, leased, or rented medical equipment, supplies, and/or other products (collectively, "equipment") from AdaptHealth or any of AdaptHealth's Family of Companies¹;
- ✓ I returned, rejected, or did not receive the equipment;
- ✓ I was billed by AdaptHealth for one or more dates of service² on which I did not have the equipment;
- ✓ The dates of service occurred between April 3, 2019 and April 3, 2025; and
- ✓ I lived in North Carolina at the time at least one billing was sent

If you believe the information above is correct, please continue to Step 3.

¹ The members of AdaptHealth's Family of Companies are identified on AdaptHealth's website at <https://adapthealth.com/locations/>.

² In health care, the "date of service" is generally the date on which a patient receives health care treatment, services, equipment, or supplies.



STEP 3: PAYMENT SELECTION

Please let us know how you would like to receive your settlement payment if your claim is deemed valid. **You may only check one box below.**

Final determinations of claim amounts will not be made until after processing by the Settlement Administrator is complete.

I would like to receive my payment by...

☐

Electronic Debit Card

(Any potential payment will be sent to the email address provided above in Section 1.)

☐

Check

(Any potential payment will be sent to the postal address provided above in Section 1.)



STEP 4: SIGNATURE

By signing below, I am also certifying that this Claim Form contains true and correct information to the best of my knowledge, and I make this submission under penalty of perjury.

Please provide below the Unique ID contained in the email or on the mailed notice that you received. If you don't know your Unique ID, please email info@NCAdaptHealthSettlement.com or call case 1-833-285-1329.

UNIQUE ID:

Signature:

Dated:

Print Name: