

Settlement Class C – “Collection Letter Claim Class” **CLAIM FORM**

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

If you received a “Seriously Past Due” or “Final Demand” letter from AdaptHealth, you may receive a payment in a class action settlement

Settlement Class C Members who DID NOT receive a notice by email or by mail MUST complete and submit this Claim Form to be eligible to receive a payment.

If you received a notice by email or mail, you DO NOT need to submit a Claim Form to receive a payment. You will get a payment automatically.

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 C - 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:			



STEP 2: SETTLEMENT CLASS C AFFIRMATION

- ☐ Please check the box to confirm that all the statements below apply to you:
- ✓ I **DID NOT** receive a notice by email or mail (If you did receive a notice by email or mail you do not need to complete a Claim Form. You will receive a payment automatically);
 - ✓ 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 was sent at least one "Seriously Past Due" or "Final Demand" letter;
 - ✓ The letter(s) were associated with dates of service² between April 3, 2019 and March 31, 2026; and
 - ✓ I lived in North Carolina at the time at least one letter was sent

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.

Signature:

Dated:

Print Name: