

## **Health Net Settlement Claim Form**

Postmarked Deadline for completed Claim Form and Blue Sheet(s): **April 10, 2015**

If you want a payment from the settlement, you must fully complete and sign this Claim Form and mail it with your Blue Sheet(s) with a postmark no later than **April 10, 2015** to:

Health Net Class Action Litigation  
c/o Berdon Claims Administration LLC  
P.O. Box 9007  
Jericho, NY 11753-8917

### ***PLEASE TYPE OR PRINT***

1. **Check the appropriate boxes:**

- I am a Class member (the insured individual) completing this form on my own behalf.
- I am not the Class member; I am a representative of the Class member. Provide proof that you are legally authorized to act on behalf of the Class member.

2. **Is the Class member's name and address correct on the Blue Sheet(s)?**

- Yes
- No (*Please provide updated information below.*)

Name of Class Member or Representative: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

3. **How can we contact you about your claim?**

Daytime Telephone Number: \_\_\_\_\_

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

4. **Are the Health Net covered out-of-network claims listed on your Blue Sheet(s) accurate?**

Review the instructions on the enclosed Blue Sheet(s) and check one of these boxes:

- My Blue Sheet(s) is complete and accurate to the best of my knowledge.
- I made corrections on my Blue Sheet(s).
- I added claims that were not pre-printed on my Blue Sheet(s).

If you added claims to the Blue Sheet(s) that were not listed, please:

- Attach copies of Explanation of Benefits (EOB) that show your allowed amount is less than the billed charge (other than the amounts of your co-insurance and/or deductible); or
- Attach other evidence of claims processed by Health Net before July 31, 2007 that were not pre-printed on your Blue Sheet(s).

5. **I want to make a “Quick Claim”—No Documents Required (Group A Claims)**

I have no proof for any of the claims listed on the Blue Sheet(s) but I want a share of the settlement.

If you check this box, *all of* your claims will be “Group A” claims (*See* the notice). Skip to Number 7, Certification and Release, and then sign, date, and mail this Claim Form with your Blue Sheet(s) postmarked by **April 10, 2015**.

6. **I want to prove at least one claim line on my Blue Sheet(s) (Group B and C Claims).**

I want to prove at least one claim line listed on the Blue Sheet(s) and possibly increase my payment or benefits as compared to Group A claims.

If you check this box, indicate on your Blue Sheet(s) which claim lines you want treated as Group B (Paid a Balance Bill), or Group C (Owe a Balance Bill). Send copies—not originals—of the documents listed below. *See* the notice to understand how choosing Group B or C for any given claim may increase your compensation.

**Group B – Paid a Balance Bill:**

If, through April 24, 2008, you PAID your out-of-network provider for some portion of a Balance Bill from a provider after Health Net paid its allowed amount (other than your co-insurance or deductible) for any claim lines on the Blue Sheet(s), you can select that claim to be a “Group B” Claim. *You must submit this:*

- Copy of balance bill received from the out-of-network provider. (If no copy of a Balance Bill is submitted, please explain on the "other" line below); or
- Copy of cancelled check; or
- Copy of credit card statement; or
- Copy of statement from out-of-network provider showing you paid the balance; or
- Other proof that you paid a balance bill.

**Group C – Owe a Balance Bill:**

If you OWE a Balance Bill received through April 24, 2008 from an out-of-network provider for any claim lines on your Blue Sheet(s) you can select that claim to be a “Group C” claim on your Blue Sheet(s). *You must submit documents such as:*

- Most recent bill from out-of-network provider.
- Written contact by a collection agency.
- Other documents that show you owe a balance bill.

**Assistance with Group B or C Claim Proof**

If you do not have the required proof, please contact your provider for a copy of your billing records to prove your Group B and C claims. You may also authorize the Claims Administrator to contact providers on your behalf. Indicate on your Blue Sheet(s) which claim lines you would like assistance with. You must send a completed HIPAA authorization form for each provider you would like assistance with. One HIPAA form has been provided with your notice that you may copy and complete for each provider. Send these completed HIPAA forms to the Claims Administrator with your completed Claim Form and Blue Sheet(s).

**7. Certification and Release**

I certify to the best of my knowledge and belief that the information above, as well as any information I added to the Blue Sheet(s), is true and correct. I hereby acknowledge that the Claims Administrator is not acting as my agent in the procurement of any necessary documentation. I will cooperate with the Claims Administrator as needed. If I am filing a Group C claim, I acknowledge that I may still owe my Provider(s) for amounts not covered under my plan. If I request assistance finding documentation, I understand that there is no guarantee that the Claims Administrator will be able to get the proof, and that I am ultimately responsible for providing proof.

In consideration of the benefits that are provided to me under this Settlement, I hereby release and agree not to sue Health Net and all Released Parties, as is more specifically set forth in Section 16 of the Settlement Agreement and the definitions in the Settlement Agreement, as well as in the Amendment to the Settlement Agreement.

\_\_\_\_\_  
Signature of Class Member

\_\_\_\_\_  
Class Member's Printed Name

\_\_\_\_\_  
Signature of Class Member's Representative

\_\_\_\_\_  
Representative's Printed Name

\_\_\_\_\_  
Capacity of Representative (*i.e.*, Executor, Administrator, Custodian, Parent, Guardian, etc.)

Date: \_\_\_\_\_

To be considered for a payment, you must mail this completed and signed Claim Form, together with your Blue Sheet(s), and (if you are submitting a Group B or a Group C claim), any completed HIPAA authorization forms.

**Postmark Deadline: No later than April 10, 2015.**

**Reminder Checklist**

1. Sign the Claim Form above and keep a copy.
2. Include your Blue Sheet(s) with your claim form and keep a copy.
3. Attach copies of EOBs (Explanation of Benefits) or other documents if you changed or added claim lines to your Blue Sheet(s).
4. Attach copies of supporting documents for a Group B or C Claim.
5. Use the Reference Number on your Blue Sheet(s) when you communicate with the Claims Administrator.
6. Include a completed HIPAA form for each provider to get assistance proving a Group B or C Claim.
7. Send by Certified Mail, Return Receipt Requested if you want an acknowledgement of receipt.
8. Notify the Claims Administrator if your address changes after you submit your Claim Form.
9. If you have any questions about your claim, please contact the Claims Administrator at:

Health Net Class Action Litigation  
 c/o Berdon Claims Administration LLC  
 P.O. Box 9007  
 Jericho, NY 11753-8917  
 Phone: (800) 766-3330  
 Fax: (516) 931-0810  
 Website: [www.berdonclaims.com](http://www.berdonclaims.com)

**QUESTIONS? CALL 1-800-766-3330 TOLL FREE, OR VISIT [WWW.HEALTHNETCLASSACTION.COM](http://WWW.HEALTHNETCLASSACTION.COM)**