

Your claim must
be submitted
online or
postmarked by:
March 23, 2026

CLAIM FORM FOR
DES MOINES ORTHOPAEDIC DATA SETTLEMENT

Rogers, et al., v. Des Moines Orthopaedic Surgeons, P.C.
Case No. 05251CVC044835
Iowa District Court, Dallas County

**Des Moines
Orthopaedic
Data Incident**

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES**

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, you were identified as a living individual who was sent a notice by Des Moines Orthopaedic Surgeons that their Private Information may have been impacted by a Data Incident that occurred in February 2023.

Please refer to the Settlement Notice (Long Notice) posted on the Settlement Website www.DesMoinesOrthoDataIncident.com, for more information on submitting a Claim and for information on the aggregate cap on Monetary Relief.

To receive any benefits, you must submit the Claim Form below by March 23, 2026.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.DesMoinesOrthoDataIncident.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Des Moines Orthopaedic Data Incident
c/o Analytics Consulting LLC
PO Box 2010
Chanhassen, MN 55317-2010

I. 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 form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Claim Number and PIN:

Claim Number

PIN

III. CREDIT MONITORING AND IDENTITY THEFT PROTECTION

- ☐ Check this box if you wish to receive three (3) years of three-bureau credit monitoring and identity theft protection services, including identity theft insurance of at least \$1,000,000.

You do not need to claim for Monetary Relief to be eligible for Credit Monitoring and Identity Theft Protection.

IV. ALTERNATIVE CASH PAYMENT

- ☐ Check this box if you wish to receive the Alternative Cash Payment.

As an alternative to seeking reimbursement of documented Ordinary/Extraordinary Out-of-Pocket Losses and Lost Time, Settlement Class Members may receive a one-time cash payment of \$25. Settlement Class Members whose Social Security Numbers were identified by Defendant as being affected by the Data Incident may claim a one-time cash payment of \$100 (in lieu of, and not in addition to the \$25 payment).

If you claim the Alternative Cash Payment, you are **not** entitled to make a claim under Sections V or VI, below.

V. DOCUMENTED ORDINARY AND/OR EXTRAORDINARY LOSS EXPENSE REIMBURSEMENT

All Settlement Members on a timely basis submit a valid claim using the Claim Form are eligible for the following documented (except lost time, as defined above) ORDINARY loss expense reimbursement, not to exceed \$400 per Class Member: unreimbursed third-party documented out-of-pocket expenses that were incurred as a result of the Data Incident between February 15, 2025, and the March 23, 2026. Ordinary losses include but are not limited to (i) unreimbursed expenses, charges and/or losses relating to fraud or identity theft such as unreimbursed bank fees; long distance phone charges; cell phone charges (only if charged by the minute); data charges (only if charged based on the amount of data used); postage; gasoline for local travel; fees for credit repair or similar services; and costs associated with freezing or unfreezing credit; and/or any other charge or loss reasonably related to the Data Incident incurred by Class Members between February 15, 2023 and the Claims Deadline.

- ☐ Check this box if you are claiming **ORDINARY** loss expenses in the amount of \$_____.

Settlement Class Members are also eligible for reimbursement of documented extraordinary losses, not to exceed \$5,000 per Settlement Class Member. To be eligible for this benefit the monetary loss must be: (i) actual, documented, and unreimbursed, with documented proof of loss to be submitted with the claim; (ii) more likely than not caused by the Data Incident; (iii) have occurred between February 15, 2023 through and including the end of the March 23, 2026; and (iv) must not already be covered by one or more of the above-referenced reimbursed expenses. A Settlement Class Member who claims extraordinary losses must also provide documentation that he or she made reasonable efforts to avoid, or seek reimbursement for, such extraordinary losses, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

- ☐ Check this box if you are claiming **EXTRAORDINARY** loss expenses in the amount of \$_____.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	<div>06-17-22</div> <div>M M D D Y Y</div>	\$ <div>50.00</div>	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	<div>02-28-23</div> <div>M M D D Y Y</div>	\$ <div>300.00</div>	Copy of the professional services bill
	<div></div> <div>M M D D Y Y</div>	\$ <div></div>	
	<div></div> <div>M M D D Y Y</div>	\$ <div></div>	
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VI. LOST TIME REIMBURSEMENT

Settlement Class Members are eligible to receive reimbursement for up to four (4) hours of lost time spent, rounded to the nearest whole hour, at the rate of \$25 per hour. To be eligible, Settlement Class Members must attest that any claimed Lost Time was spent responding to issues raised by the Data Incident and briefly describe how the Lost Time was spent.

Hours claimed (up to 4 hours – check one box): ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

☐ I swear under penalty of perjury that, to the best of my knowledge and belief, any claimed Lost Time was spent related to the Data Incident.

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Security Incident.

Provide description(s) here:

VII. PAYMENT SELECTION

By mailing this form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a physical check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.DesMoinesOrthoDataIncident.com.

VIII. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, 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 Settlement Administrator before my claim can be deemed complete and valid.

Signature

Printed Name

Date Signed