



MCV

*Martinez v. Medicredit, Inc. and
Hornberger v. Medicredit, Inc.*
USDC, Eastern District of Missouri,
Case No. 4:16-cv-01138-ERW

**Must Be Postmarked
No Later Than
March 30, 2018**

Claim Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

**TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE
ALL OF THE INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM.
IF THIS CLAIM FORM IS SUBMITTED ONLINE, YOU MUST SUBMIT AN ELECTRONIC SIGNATURE.
YOUR CLAIM FORM MUST BE SUBMITTED ON OR BEFORE MARCH 30, 2018.**

1. CLAIMANT INFORMATION:

<input type="text"/>
Email Address (if applicable)
<input type="text"/> — <input type="text"/> — <input type="text"/>
Cellular Telephone Number(s) where you received the call(s)

2. AFFIRMATION:

By signing below, I declare, that the information above is true and accurate. This Claim Form may be researched and verified by Medicredit, Inc., NPAS Inc., or the Claims Administrator.

Signature: _____ Dated: _____

Print Name: _____

QUESTIONS? VISIT www.MedicreditTCPASettlement.com OR CALL 1-855-200-4979 or Class Counsel at 1-866-726-1092.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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