

# FLORIDA ALL X-RAY SETTLEMENT CLAIM FORM & INSTRUCTIONS

To be eligible to receive Settlement Benefits, you must complete and timely submit this Settlement Claim Form, providing the information requested and signing in the space below. The Class Notice describes the settlement and the available Settlement Benefits, and all capitalized terms in the Class Notice have the same meaning in this Settlement Claim Form.

You are only required to submit one Settlement Claim Form per patient/insured arising from an auto accident. Your submission will automatically include all your charges for that patient under that PIP claim. Separate Settlement Claim Forms must be submitted for each patient/insured. So if you treated six people and submitted claims to one of the GEICO Companies, you will have to submit six separate forms. You can make a copy of this form and just submit additional Claim Forms which include the Patient Name and Insurance Claims Number for each additional person that you treated. Available supporting documents, such as an Explanation of Benefits (EOB) should also be submitted with the Settlement Claim Form.

**Your completed Settlement Claim Form(s) must be sent by First-Class Mail, postage prepaid, addressed to: Florida All X-Ray Settlement, c/o JND Legal Administration, PO Box 91067, Seattle, WA 98111, or uploaded to the Settlement Website. Your completed Settlement Claim Form(s) must be postmarked no later than February 24, 2025 (150 days from the Class Notice Mailing Date). OR**

**You can also submit your Settlement Claim Form(s) online directly through the Claims Administrator website by going on [www.flallxraysettlement.com](http://www.flallxraysettlement.com) and following the directions for submitting claims. If you submit claims through the website you do not have to mail in your Settlement Claim Form(s).**

**Under no circumstance may more than one Settlement Claim Form be submitted in a single envelope or box sent via First-Class Mail. A separate Settlement Claim Form must be submitted by each natural person or entity requesting relief under the Settlement for each separate patient who was treated by the settlement class member. Settlement Claim Forms must be submitted individually by a Settlement Class Member, not as or on behalf of a group, class, or subclass, except that such Settlement Claim Forms may be submitted by a Settlement Class Member's individual legally authorized representative.**

**YOU ARE REQUIRED TO PROVIDE THE INFORMATION BELOW AND TO SIGN AND DATE THIS SETTLEMENT CLAIM FORM. PLEASE TYPE OR PRINT LEGIBLY.**

