Teblum v. Physician Compassionate Care LLC
d/b/a DocMJ Settlement Administrator
P.O. Box 43502
Providence, RI 02940-3502

PYE

Teblum v. Physician Compassionate Care LLC d/b/a DocMJ

UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF FLORIDA

Case No. 2:19-cv-00403-SPC-MRM

Must Be Postmarked
No Later Than
June 29, 2021

Settlement Claim Form

Return this Claim Form to: *Teblum v. Physician Compassionate Care LLC d/b/a DocMJ* Settlement Administrator, P.O. Box 43502, Providence, RI 02940-3502. Questions, visit **www.PhysicianCompassionateCareTCPAsettlement.com** **or** call **1-844-917-2017.**

DEADLINE: THIS CLAIM FORM MUST BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT. THIS CLAIM FORM CAN BE SUBMITTED BY U.S. MAIL BUT MUST BE POSTMARKED ON OR BEFORE 06/29/2021. THIS CLAIM FORM CAN BE SUBMITTED VIA EMAIL AT INFO@PHYSICIANCOMPASSIONATECARETCPASETTLEMENT.COM OR ONLINE AT WWW.PHYSICIANCOMPASSIONATECARETCPASETTLEMENT.COM BUT MUST BE SUBMITTED NO LATER THAN 11:59 P.M. EASTERN ON 06/29/2021.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that if you are a Class Member, the Class Member Verification section below requires you to state, under penalty of perjury, that all information contained therein is true and correct. This Claim Form may be researched and verified by the Settlement Administrator.

First Name M.I. Last Name

Primary Address

City State ZIP Code

— —
Telephone Number on the Date you Received a Text Message

Email Address

— — **or** ○ **fill in if same as above**
Current Phone Number
(Please provide a phone number where you can be reached if further information is required.)

Claim ID

FOR CLAIMS PROCESSING ONLY	OB	CB	○ DOC ○ LC ○ REV	○ RED ○ A ○ B

By submitting this Claim Form, I declare under penalty of perjury that I am a member of the Class defined as: "All persons within the United States (1) who were sent a text message; (2) by or on behalf of Defendant; (3) on their mobile telephone; (4) from June 14, 2015 through the date of final approval; (5) using the text messaging platform provided by Twilio to send text messages like the one that Plaintiff received." I further declare under penalty of perjury that I am the current subscriber of the cellular telephone mentioned in subsection (ii) above, and that the information provided herein is true and correct.

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Additional information regarding the Settlement can be found at
www.PhysicianCompassionateCareTCPAsettlement.com.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

If you have questions, you may call the Settlement Administrator at 1-844-917-2017.