

Patty Davis v. Labcorp Settlement Administrator
P.O. Box 301130
Los Angeles, CA 90030-1130

LCDA



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

*PATTY DAVIS V. LABORATORY CORPORATION
OF AMERICA*

CIRCUIT COURT OF THE 13TH JUDICIAL
CIRCUIT IN AND FOR HILLSBOROUGH
COUNTY, FLORIDA

Case No. 15-CA-007914

**Must Be Postmarked
No Later Than
September 30, 2025**

Proof of Claim Form

DEADLINE FOR SUBMISSION: September 30, 2025

If you submit a Proof of Claim that is incomplete or inaccurate, it may be rejected, and you may be precluded from obtaining a Settlement Payment.

Please do not mail or deliver this form to the Court or to any of the Parties or their Counsel. In addition, do not telephone the Judge or Clerk of the Court or any representatives of Laboratory Corporation of America or Laboratory Corporation of America Holdings ("Labcorp"). If you have questions, you may call the following toll-free number; 1-833-846-6540 or visit the Settlement website at www.FloridaLCASettlement.com. You may also contact contact Class Counsel, Christa L. Collins, Collins Law PLLC, 433 Central Ave., 4th Floor, St. Petersburg, Florida 33701.

PART I: CLAIMANT INFORMATION

First Name										M.I.		Last Name																			
Primary Address																															
Primary Address Continued																															
City										State		ZIP Code																			
Email Address																															
Area Code				Telephone Number (Home) (Optional)												Area Code				Telephone Number (Work) (Optional)											
Social Security Number										or		Taxpayer Identification Number																			
Birthdate:																															
MM		/		DD		/		YYYY																							
Month				Day				Year																							

FOR CLAIMS PROCESSING ONLY	OB	CB	<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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ALL CLAIMS ARISING FROM LABORATORY SERVICES OBTAINED BETWEEN AUGUST 28, 2013 and AUGUST 28, 2015. UNDER THE TERMS OF THE PROPOSED SETTLEMENT, YOU ARE ELIGIBLE TO RECOVER FOR CLAIMS ONLY IF YOU ARE A MEMBER OF THE FOLLOWING SETTLEMENT CLASS:

All individuals, identified through the Selection Protocol set forth in Paragraphs 4-8 of the Settlement Agreement, who submit an executed Proof of Claim Form, which states that to the best of their knowledge: (1) they received a laboratory service from Labcorp between August 28, 2013 and August 28, 2015 that was covered by a workers' compensation carrier; (2) Labcorp was provided information showing that the service pertained to a workers compensation claim; and (3) more than five business days after receiving such information (unless it was furnished on the face of the initial intake form in which case there is no time limitation) Labcorp made efforts to collect payment from the individual for the laboratory service, through (i) billing statements, (ii) collection letters, (iii) telephone calls, (iv) referral to third-party collection agency, or (v) reporting to a credit bureau in connection with the billed service. Specifically excluded from this definition are (A) individuals who have otherwise settled or released their claims where Labcorp has documentation of such settlement or resolution; and (B) individuals who submit a Proof of Claim Form but for whom Labcorp documents or data show do not meet the criteria set out in (1)-(3) in this Paragraph.

The term "Claims" is defined in the Settlement Agreement as any and all existing or potential legal claims arising from or related to a patient or other person or entity who was billed for laboratory services by LABCORP first, and a workers' compensation carrier was subsequently billed, with dates of services between August 1, 2013 through August 31, 2015.

To receive the Settlement Payment, please fill in the circle immediately below:

- ☐ By filling in this circle, I agree that if my claim is validated, I accept the \$125 amount as payment in full to me under the Proposed Settlement for all Claims arising from laboratory services obtained between August 1, 2013 and August 31, 2015.

I affirm that the statements below are true:

- I am a member of the Settlement Class as defined above and did not request to be excluded from the Settlement Class;
- I have not assigned, settled, and/or released my claims for the time period between August 1, 2013 and August 31, 2015; and
- The Information supplied by me in this Proof of Claim is true and accurate to the best of my knowledge.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

LABCORP MAY REVIEW ANY AND ALL PROOF OF CLAIM FORMS TO DETERMINE VALIDITY.