If you are an Acute Care Hospital that treated patients diagnosed with opioid use disorder and/or other opioid-related conditions, you may receive a payment from $651 million in class action settlements.

Records show that you may qualify for a payment from four proposed settlements ("Settlements") in a class action lawsuit. The lawsuit alleges that to sell as many prescription opioids as possible, manufacturers misrepresented the risks and safety of prescription opioid use, distributors did not properly monitor, stop, or report suspicious orders, and pharmacies filled opioid prescriptions that were not written for legitimate medical purposes. It further alleges that as a result, acute care hospitals must now spend additional money and resources to treat opioid-dependent patients and patients with opioid-related conditions that they would not have had to treat otherwise. The Settlements total $651 million and would resolve claims with four Defendant groups. Defendants deny any wrongdoing.

Who is included?

Generally, you are included if you are an Acute Care Hospital in the United States that (a) treated patients diagnosed with opioid use disorder and/or other opioid-related conditions from January 1, 2009, through October 30, 2024, and (b) are not owned or operated by a federal, state, county, parish, city, or other municipal government.

What do the Settlements provide?

The Settlements will provide $651 million to pay money to Qualifying Class Members, Attorneys' Fees and Expenses, Notice and Administrative Costs, claims administration costs and expenses, Taxes and Tax Expenses, and any Service Awards to the Class Representatives. Also, Qualifying Class Members may register and receive, Naloxone Hydrochloride nasal spray kits free of charge.

How can I get a payment?

To make a claim for a payment from the Settlement Funds, you must submit a Registration Form and may submit a Claim Form. The deadline to submit these forms is **March 4, 2025**. These forms and the Plan of Allocation are available at www.acutecarehospitalsettlement.com.

How much will my payment be?

The amount of your payment will be based on the proposed Plan of Allocation and the option you select.

- If you select the "Quick Pay" option: You do not have to fill out a Claim Form or provide claims data, and, after an eligibility determination, you will get a $5,000 payment under all four Settlements. If you are not eligible to receive funds under one or more of the Settlements, this amount will be reduced.

- If you do not select the "Quick Pay" option: You must submit a Business Associate and Confidentiality Agreement, a Claim Form and supporting claims data. You will receive an Allocated Amount for damages based on a formula detailed in the Plan of Allocation. This Allocated Amount will be, at minimum, as much as the Quick Pay amount for which you would be eligible.

Payment amounts may be reduced if one or more proposed Settlements are not approved or if you do not participate in all four Settlements.

What are my rights?

Even if you do nothing, you will be bound by the Court's decisions. If you want to keep your right to sue the Settling Defendants yourself, you must exclude yourself by **January 6, 2025**. If do not exclude yourself, you may object to one or more of the Settlements, the Plan of Allocation, and/or requests for Attorney's Fees and Expenses and Class Representative Service Awards by **January 6, 2025**. Detailed instructions about how to act on your rights are available at www.acutecarehospitalsettlement.com.

The Court will hold a hearing on March 4, 2025, at 9:00 a.m. (MT) to consider if it will approve the Settlements, Plan of Allocation, and a request for reimbursement of litigation expenses and for attorneys' fees of up to 1/3 of the Settlement Funds, plus interest earned on these amounts at the same rate as earned by the Settlement Funds. You or your own lawyer may appear and speak at the hearing at your own expense.

1-877-354-3788 **www.acutecarehospitalsettlement.com**

YOU MUST SUBMIT YOUR REGISTRATION FORM AND CLAIM FORM BY MARCH 4, 2025

Submitting a Claim under the Acute Care Hospital Class Action Settlement Agreements

To make a Claim for benefits under the Acute Care Hospital Class Action Settlement Agreements[1] reached in the litigation titled *San Miguel Hospital Corp., d/b/a Alta Vista Regional Hospital v. Johnson & Johnson, et al*., Case No. 1:23-cv-00903-KWR-JFR (D.N.M.) (the "Settlements"), a representative from your Acute Care Hospital must fill out the attached Registration Form and submit it via email to info@acutecarehospitalsettlement.com no later than March 4, 2025. Upon registration, a secure file transfer protocol ("SFTP") link will be provided for you to submit the attached Claim Form and any supporting documentation. Claim Form and documentation submissions must be completed no later than March 4, 2025. Each Acute Care Hospital making a Claim must submit a separate Registration Form and Claim Form. You may obtain extra copies of all forms at www.acutecarehospitalsettlement.com. Your Allocated Amount for each Settlement will be determined in accordance with the attached Plan of Allocation.

Deadline: If you do not complete and submit your Registration and Claim Forms by 5:00 p.m. Central Standard Time on March 4, 2025, your Claim will be rejected and you will be precluded from receiving an Allocated Amount under the Acute Care Hospital Class Action Settlement Agreements. Do not send your Registration Form or Claim Form to the Court or to anyone other than the Notice and Claims Administrators.

Capitalized terms not otherwise defined shall have the meaning ascribed to them in the Acute Care Hospital Class Action Settlement Agreements in *San Miguel Hospital Corp., d/b/a Alta Vista Regional Hospital v. Johnson & Johnson, et al.*, Case No. 1:23-cv-00903-KWR-JFR (D.N.M.).

[1] "Acute Care Hospital Class Action Settlement Agreements" refers collectively to the Distributor Class Action Settlement Agreement with Acute Care Hospitals dated September 26, 2024, the Janssen Class Action Settlement Agreement with Acute Care Hospitals dated September 27, 2024 the Teva Defendants Class Action Settlement Agreement with Acute Care Hospitals dated September 30, 2024, and the Allergan Defendants Class Action Settlement Agreement with Acute Care Hospitals dated October 1, 2024, all of which are available at www.acutecarehospitalsettlement.com.

Class Members submitting Claims may be contacted by representatives of Class Counsel or the Notice and Claims Administrators for additional information regarding the Class Member's Claims.

A Class Member must do each of the following, according to the guidelines set forth below:

1. Complete the Registration Form electronically, which is a fillable PDF that can be downloaded from www.acutecarehospitalsettlement.com and must be emailed to info@acutecarehospitalsettlement.com;

   If the "Quick Pay" option is selected on the Registration Form in Section E, there is no further action needed unless directed by the Notice and Claims Administrators. If the "Quick Pay" option is **NOT** selected, a Class Member must complete the steps outlined in items 3-6 below;

2. Once the Registration Form is received, the Notice and Claims Administrators will communicate instructions to you for accessing an SFTP;

3. Complete the Business Associate and Confidentiality Agreement (the "BAA") electronically, which is a fillable PDF that can be downloaded from www.acutecarehospitalsettlement.com, and submit it via SFTP;

4. The Notice and Claims Administrators will provide you with an executed BAA via the SFTP to download for your records;

5. Complete the Claim Form, as applicable, electronically, which is a fillable PDF that can be downloaded from www.acutecarehospitalsettlement.com; and

6. Submit the completed Claim Form with all supporting documents and information requested therein, along with the requisite claims data as described in Section F.8 of the Claim Form, via SFTP.

PLEASE NOTE THAT THE BAA, CLAIM FORM, AND ACCOMPANYING CLAIMS DATA ABOVE SHALL NOT BE SUBMITTED VIA EMAIL. Instead, by submitting the Registration Form described in Item 1 above, you will receive instructions for accessing an SFTP to which the BAA, the Claim Form, and accompanying requisite claims data must be submitted.

IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS FULLY AND ACCURATELY. FAILURE TO PROVIDE THE REQUESTED INFORMATION, DATA, AND/OR DOCUMENTATION BY THE DEADLINE WILL CAUSE YOUR CLAIM TO BE REJECTED AND YOUR ACUTE CARE HOSPITAL WILL BE PRECLUDED FROM RECEIVING AN ALLOCATED AMOUNT.

CLAIM REGISTRATION FORM / "QUICK PAY" ELECTION FORM

Claim Registration Form / "Quick Pay" Election Form Deadline (the "Registration Form Deadline"): March 4, 2025

Please provide the following information to the Notice and Claims Administrators by completing this Claim Registration Form (the "Registration Form") and emailing it to info@acutecarehospitalsettlement.com prior to completing the Claim Form. Capitalized terms not otherwise defined shall have the meanings ascribed to them in the Acute Care Hospital Class Action Settlement Agreements[1] (the "Settlement Agreements") in *San Miguel Hospital Corp., d/b/a Alta Vista Regional Hospital v. Johnson & Johnson, et al.*, Case No. 1:23-cv-00903-KWR-JFR (D.N.M.), available on the settlement website at www.acutecarehospitalsettlement.com. Each entity making a Claim ("Claimant") must submit a separate Registration Form.

To be eligible to make a Claim, the Claimant must fall within one or more of the following categories:

(1) Claimant is an Acute Care Hospital in the United States that treated patients diagnosed with opioid use disorder and/or other opioid-related conditions from January 1, 2009, through October 30, 2024, and is not owned or operated by a federal, state, county, parish, city, or other municipal government. To be considered an Acute Care Hospital under the Settlement Agreements, Claimant must (a) provide medical care and other related services for surgery, acute medical conditions or injuries for a period of treatment time that is, on average, less than 25 days; and (b) either (i) appear as either active or inactive in the American Hospital Directory® as a "short term acute care" hospital or a "critical access" hospital or (ii) have an emergency department that is subject to the Emergency Medical Treatment and Labor Act ("EMTALA");

(2) Claimant is listed on Exhibit A to the Acute Care Hospital Class Action Settlement Agreement for which it is submitting a Claim; and/or

(3) Claimant is one of the Plaintiffs in the Other Actions listed on Exhibit B to the Acute Care Hospital Class Action Settlement Agreement for which it is submitting a Claim.

Exhibits A and B to each Settlement Agreement are non-exhaustive lists and do not purport to identify all members of the Settlement Class for that particular Settlement.[2] A Class Member may be eligible to make a Claim for one or more Settlements.

A Claimant is ineligible for recovery under a particular Settlement Agreement if any of its Released Claims were released in any other settlement with the Settling Defendant(s) that are party

[1] "Acute Care Hospital Class Action Settlement Agreements" refers collectively to the Distributor Class Action Settlement Agreement with Acute Care Hospitals dated September 26, 2024, the Janssen Class Action Settlement Agreement with Acute Care Hospitals dated September 27, 2024, the Teva Defendants Class Action Settlement Agreement with Acute Care Hospitals dated September 30, 2024, and the Allergan Defendants Class Action Settlement Agreement with Acute Care Hospitals dated October 1, 2024 available at www.acutecarehospitalsettlement.com.

[2] Inclusion of an entity on Exhibit A and/or as a Plaintiff in the Other Actions listed on Exhibit B to a particular Settlement does not determine whether that entity is eligible for any other Settlement.

to that Settlement Agreement.[3] A Claimant may be ineligible for recovery under one or more Settlement Agreement(s), but still be eligible for recovery under other Settlement Agreements if it meets the eligibility criteria for those other Settlement Agreements.

A Claimant that submits a Registration Form or Claim Form may be contacted by representatives of Class Counsel or by the Notice and Claims Administrators for additional information regarding the Class Member's claims.

The Claim Deadline is 5:00 p.m. Central Standard Time **March 4, 2025**. **HOWEVER, in advance of this Claim Deadline you must first submit this Registration Form by the Registration Form Deadline on March 4, 2025 to allow sufficient time for submission of all other required documents and information required to process your Claim.** Your Claim will be rejected and you will be precluded from receiving an Allocated Amount by the Acute Care Hospital Class Action Settlement Agreements if this Registration Form is not received by the Registration Form Deadline. Do not send your Registration Form and Claim Form to the Court or to anyone other than the Notice and Claims Administrators.

A person who files a fraudulent claim on behalf of a Class Member may, at a minimum, be fined up to $500,000.00, imprisoned for up to five years, or both, in accordance with 18 U.S.C. §§ 152, 157.

[3] Exclusion of a Claimant from one Settlement Agreement on this basis does not necessarily prevent a Claimant from being eligible for the other Settlement Agreements identified in Footnote 1.

A. Claimant Information

Please provide the information in Section A for the Claimant:

1. Name of Acute Care Hospital:			
2. Address:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
3. Ownership (Check the one that applies):	Current Owner ☐	Former Owner ☐	
4. Name of Operating Entity:			
5. Federal Employer Identification Number of Operating Entity:	_____-_____		

B. Contact Information

Please provide the information in Section B where notices should be sent:

<table>
<tr><td>1. Contact Name:</td><td colspan="3"></td></tr>
<tr><td>2. Contact Title:</td><td colspan="3"></td></tr>
<tr><td rowspan="3">3. Address:</td><td colspan="3">Street Address Line 1</td></tr>
<tr><td colspan="3">Street Address Line 2</td></tr>
<tr><td>City</td><td>State</td><td>Zip</td></tr>
<tr><td>4. Phone:</td><td colspan="3">( ) -</td></tr>
<tr><td>5. Email:</td><td colspan="3"></td></tr>
<tr><td colspan="4">By filling out this Registration Form, you are deemed to consent to receipt of this notice by email.</td></tr>
</table>

For promptness and accuracy, we prefer to contact you by email and will do so if possible. Accordingly, please provide your email address. If necessary, we may also contact you by phone or by U.S. mail.

C. Attorney Information

1. Is your Acute Care Hospital submitting this Registration Form with the assistance of an attorney?

Yes ☐

No ☐

If yes, please provide your attorney's name, phone number, mailing address, and email:

1. Attorney Contact Name:			
2. Law Firm Name:			
3. Address:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
4. Phone:	( ) -		
5. Email:			
6. Federal Employer Identification Number of Law Firm: _____-_____			
By filling out this Registration Form, you are deemed to consent to receipt of this notice by email.			

2. Do you want any potential payment mailed to your attorney?

Yes ☐

No ☐

D. Naloxone Kit Program Registration

Under the Teva Defendants Class Action Settlement Agreement ("Teva Settlement"), Class Members are eligible to receive, free of charge, Naloxone Hydrochloride Nasal Spray kits (4 mg strength) as listed in Teva's generics catalog, which can be viewed at www.tevagenerics.com through 2030 (the "Naloxone Kit Program"). Participation in the Naloxone Kit Program is voluntary, does not impact your ability to receive any other benefit, and is subject to the terms and conditions in the Teva Settlement and the Product Allocation Plan.

1. Do you want to register for the Naloxone Kit Program?

Yes ☐

No ☐

E. Calculation of Allocated Amount and Quick Pay Election

The Acute Care Hospital Class Action Settlement Agreements provide benefits to certain Claimants who can establish "Eligible Damages," and allocates available settlement funds to Qualifying Class Members ("Allocated Amount"). Copies of the Settlement Agreements and Plan of Allocation may be found at www.acutecarehospitalsettlement.com. To determine your Allocated Amount under these Settlement Agreements, you must submit claims data. For purposes of the Settlements, you, as a Class Member, are eligible for an Allocated Amount if you are a Qualified Class Member that treated patients with opioid use disorder and/or other opioid-related conditions and, as a result of that care, you suffered identifiable operational losses reflected in your claims data, including losses reflected in the charges to payments ratio for various treatment codes.

If you do not wish to complete a Claim Form and submit the data necessary to calculate an Allocated Amount, you may elect to receive your "Quick Pay Amount" instead. Subject to the Plan of Allocation, the Quick Pay Amount is $5,000 and will be disbursed within 45 days of the Effective Date of the Settlement Agreements. Any eligible Class Member may elect to receive their Quick Pay Amount by answering the questions below:

1. **Do you agree to be bound by the terms of each of the four Acute Care Hospital Class Action Settlement Agreements and to participate in the Quick Pay option?**

   Yes ☐ No ☐

If yes, please sign and verify below:

I, _____, am authorized on behalf of _____, ("Participant") to elect to participate in the "Quick Pay" option under the Plan of Allocation. By completing this "Quick Pay" box and signing my name, I understand that the Participant waives any objection to the Acute Care Hospital Class Action Settlement Agreements, requests payment of the Quick Pay Amount of $5,000, and that the Participant will be ineligible for any further Allocated Amount under those Settlement Agreements.

I understand this Quick Pay Amount will be reduced under the Plan of Allocation if one or more Settlements is not approved or if the Participant is ineligible to receive funds from one or more Settlements.

☐ I direct and authorize the Notice and Claims Administrators to process the Participant's Claim as a "Quick Pay" for the Participant to receive its Quick Pay Amount under the Plan of Allocation. Payment checks will be mailed to the law firm identified in Section C of this Claim Form if Yes was selected in Section C.2. If not working with an attorney or if No was selected in Section C.2, the check will be mailed to the contact person identified in Section B.1.

Signed: _____

Printed Name: _____

Printed Title: _____

F. Supporting Documentation

Important notices regarding submission to the jurisdiction of the Court in New Mexico

By the filing of this Registration Form, you hereby submit to the jurisdiction of the United States District Court, District of New Mexico for the purposes of this Claim.

Verification of Properly Submitted Claim

The benefits provided by the Acute Care Hospital Class Action Settlement Agreements are for the operational losses to Class Members resulting from providing treatment to individuals with substance use disorder, opioid use disorder, or other opioid-related conditions. By submitting this Registration Form, you verify that other than what you disclosed in this Registration Form, you have not otherwise been reimbursed or compensated for the costs and expenses you are seeking.

By submitting this Registration Form, you verify, under oath and penalty of perjury, that, to the best of your knowledge, all the damages for which you seek benefits in this Registration Form relate to your provision of medical treatment in an emergency department, inpatient, or outpatient setting at an Acute Care Hospital.

G. Certification

I certify that I am authorized to sign this Registration Form, and I understand that an authorized signature on this Registration Form serves as an acknowledgement that I have a reasonable belief that the information is true and correct.

I certify that the Settlement Class Member has authority to release all Released Claims as identified in the following Settlement Agreements on behalf of itself and all other entities who are Releasors by virtue of their relationship or association with it.

I certify that the Settlement Class Member I am submitting this Registration Form on behalf of is eligible to receive funds under the following Settlement Agreements:

1. **Distributor Class Action Settlement Agreement with Acute Care Hospitals**

   ___YES ___NO

2. **Janssen Class Action Settlement Agreement with Acute Care Hospitals**

   ___YES ___NO

3. **Teva Defendants Class Action Settlement Agreement with Acute Care Hospitals**

   ___YES ___NO

4. **Allergan Defendants Class Action Settlement Agreement with Acute Care Hospitals**

   ___YES ___NO

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Your typed signature and submission of this Registration Form will have the same force and effect as if you signed the Registration Form on paper, which you may do alternatively.

Signature: _____

Executed on date (MM/DD/YYYY): _____

Print the name of the person who is completing and signing this claim.

Name (First Middle Last): _____

Title: _____

Acute Care Hospital: _____

Address: _____

_____

_____

Contact Phone: _____

Email: _____

CLAIM FORM

Claim Deadline: March 4, 2025

Please read the instructions carefully before filling out this Claim Form (this "Claim Form"). Capitalized terms not otherwise defined shall have the meanings ascribed to them in the Acute Care Hospital Class Action Settlement Agreements[1] (the "Settlement Agreements") in *San Miguel Hospital Corp., d/b/a Alta Vista Regional Hospital v. Johnson & Johnson, et al.*, Case No. 1:23-cv-00903-KWR-JFR (D.N.M.) available on the settlement website at www.acutecarehospitalsettlement.com. Each entity making a Claim ("Claimant") must submit a separate Claim Form.

To be eligible to make a Claim, the Claimant must fall within one or more of the following categories:

(1) Claimant is an Acute Care Hospital in the United States that treated patients diagnosed with opioid use disorder and/or other opioid-related conditions from January 1, 2009, through October 30, 2024, and is not owned or operated by a federal, state, county, parish, city, or other municipal government. To be considered an Acute Care Hospital under the Settlement Agreements, Claimant must (a) provide medical care and other related services for surgery, acute medical conditions or injuries for a period of treatment time that is, on average, less than 25 days; and (b) either (i) appear as either active or inactive in the American Hospital Directory® as a "short term acute care" hospital or a "critical access" hospital or (ii) have an emergency department that is subject to the Emergency Medical Treatment and Labor Act ("EMTALA");

(2) Claimant is listed on Exhibit A to the Acute Care Hospital Class Action Settlement Agreement for which it is submitting a Claim; and/or

(3) Claimant is one of the Plaintiffs in the Other Actions listed on Exhibit B to the Acute Care Hospital Class Action Settlement Agreement for which it is submitting a Claim.

Exhibits A and B to each Settlement Agreement are non-exhaustive lists and do not purport to identify all members of the Settlement Class for that particular Settlement.[2] A Class Member may be eligible to make a Claim for one or more Settlements.

A Claimant is ineligible for recovery under a particular Settlement Agreement if any of its Released Claims were released in any other settlement with the Settling Defendant(s) that are party to that

[1] "Acute Care Hospital Class Action Settlement Agreements" refers collectively to the Distributor Class Action Settlement Agreement with Acute Care Hospitals dated September 26, 2024, the Janssen Class Action Settlement Agreement with Acute Care Hospitals dated September 27, 2024, the Teva Defendants Class Action Settlement Agreement with Acute Care Hospitals dated September 30, 2024, and the Allergan Defendants Class Action Settlement Agreement with Acute Care Hospitals dated October 1, 2024 available at www.acutecarehospitalsettlement.com.

[2] Inclusion of an entity on Exhibit A and/or as a Plaintiff in the Other Actions listed on Exhibit B to a particular Settlement does not determine whether that entity is eligible for any other Settlement.

Settlement Agreement.[3] A Claimant may be ineligible for recovery under one or more Settlement Agreement(s), but still be eligible for recovery under other Settlement Agreements if it meets the eligibility criteria for those other Settlement Agreements.

A Claimant that submits a Registration Form or Claim Form may be contacted by representatives of Class Counsel or by the Notice and Claims Administrators for additional information regarding the Class Member's claims.

The submission of this Claim Form by the Claim deadline of 5:00 p.m., Central Standard Time, on **March 4, 2025**, (the "Claim Deadline") is a prerequisite to eligibility for an Allocated Amount but does not guarantee that a Class Member will be deemed eligible to receive an Allocated Amount. If a Class Member is deemed eligible to receive an Allocated Amount, the information provided in this Claim Form will be used to determine each such Allocated Amount. Class Members may redact information on this Claim Form or any attached documents as they deem necessary, although redactions may impact the Notice and Claims Administrators' determinations as to eligibility or the Allocated Amount. A Class Member shall only submit through the secure file transfer protocol ("SFTP") link *copies* of any documents that support a claim and shall not mail or transmit hard copies or original documents; documents submitted may be destroyed after scanning and will not be returned to the Class Member.

A person who files a fraudulent claim on behalf of a Class Member may, at a minimum, be fined up to $500,000.00, imprisoned for up to five years, or both, in accordance with 18 U.S.C. §§ 152, 157. Class Members shall provide the information requested that is, to the best of their knowledge, current and valid as of the date this Claim Form is completed and delivered to the Notice and Claims Administrators.

[3] Exclusion of a Claimant from one Settlement Agreement on this basis does not necessarily prevent a Claimant from being eligible for the other Settlement Agreements identified in Footnote 1.

Please provide the following information to the Notice and Claims Administrators by delivering this completed Claim Form by SFTP according to the instructions that will be provided to you once you register prior to the Claim Form Deadline set forth on page 1 of this Claim Form.

Failure to submit a completed copy of this Claim Form by the Claim Deadline set forth on page 1 of this Claim Form may disqualify you from receiving an Allocated Amount. Additionally, failure to complete any portion of the Claim Form or to provide requisite claims data (as described herein) may result in a reduced Allocated Amount or disqualification from receiving an Allocated Amount.

A. Claimant Information

Please provide the information in Section A for the Claimant:

1. Name of Acute Care Hospital:			
2. Address:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
3. Duration of Ownership:	Date Acquired/Opened / /	Date Sold/Closed / /	
4. Number of Staffed Beds[4]:			
5. Name of Operating Entity:			
6. Federal Employer Identification Number of Operating Entity:	_____ - _____		
7. Claimant Number: If you received a Claimant Number after you completed your Registration Form, please provide that four-digit Claimant Number.	_____		

[4] The number of beds reported from a hospital's most recent Medicare cost report (W/S S-3, Part I, line 7 column 2). Cost report instructions define staffed beds as, "the number of beds available for use by patients at the end of the cost reporting period. A bed means an adult bed, pediatric bed, birthing room, or newborn bed maintained in a patient care area for lodging patients in acute, long-term, or domiciliary areas of the hospital. Beds in labor room, birthing room, post-anesthesia, postoperative recovery rooms, outpatient areas, emergency rooms, ancillary departments, nurses' and other staff residences, and other such areas which are regularly maintained and utilized for only a portion of the stay of patients (primarily for special procedures or not for inpatient lodging) are not termed a bed for these purposes."

B. Contact Information

Please provide the information in Section B where notices should be sent:

1. Contact Name:			
2. Contact Title:			
3. Address:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
4. Phone:	( ) -		
5. Email:			
By filling out this Claim Form, you are deemed to consent to receipt of this notice by email.			

For promptness and accuracy, we prefer to contact you by email and will do so if possible. Accordingly, please provide your email address. If necessary, we may also contact you by phone or by U.S. mail.

C. Attorney Information

1. Is your Acute Care Hospital submitting this Claim Form with the assistance of an attorney?

Yes ☐

No ☐

If yes, please provide your attorney's name, phone number, mailing address, and email:

1. Attorney Contact Name:			
2. Law Firm Name:			
3. Address:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
4. Phone:	( ) -		
5. Email:			
6. Federal Employer Identification Number of Law Firm: _____-_____			
By filling out this Claim Form, you are deemed to consent to receipt of this notice by email.			

2. Do you want any potential payment mailed to your attorney?

Yes ☐

No ☐

D. W-9 Form

If Yes was selected in Section C.2, please complete a W-9 Form for the law firm identified in Section C of this Claim Form and return it with this Claim Form. If not working with an attorney or if No was selected in Section C.2, please complete the W-9 Form attached hereto and return it with this Claim Form for the Claimant identified in Section A of this Claim Form.

E. Payment Information

Payment checks will be mailed to the law firm identified in Section C of this Claim Form if Yes was selected in Section C.2. If not working with an attorney or if No was selected in Section C.2, the check will be mailed to the contact person identified in Section B.

F. Additional information for Claimants seeking calculated amounts (non-Quick-Pay option)

If you wish to claim an Allocated Amount on the basis of a calculated amount, and not the Quick-Pay option as defined in the Registration Form and Plan of Allocation, you must complete this Section F, including submission of all of the data identified in Item 8 below.[5] **Failure to provide claims data for the entire time period from January 1, 2015 through December 31, 2020 may result in a reduction in Operational Impact, as defined in the Plan of Allocation.**

1. Have you, as of the date of the completion of this Claim Form, provided to the Notice and Claims Administrators all of the requisite claims data relating thereto (as described in Item 8 below) to the best of your knowledge?[6] ___ Yes ___ No

2. Are you a named plaintiff in any active cause of action against opioid manufacturers, distributors, or pharmacies? ___ Yes ___ No

    a. If yes, please indicate whether the active cause of action is pending (check one below and provide the case number):
        i. in the Multidistrict Litigation, Case No. 1:17-md-2804: _____
        ii. in federal court: _____ Case Number: _____
        iii. in state court: _____ Case Number: _____

    b. If yes, attach a copy of the most recently filed Complaint.

[5] The Notice and Claims Administrators and the Special Master shall have complete discretion to determine whether a Claimant has complied with this requirement.

[6] A Claimant who previously timely filed a Claim to the Hospital Trust in the Chapter 11 case of Mallinckrodt plc, et al., No. 20-12522 in the United States Bankruptcy Court for the District of Delaware that contained all of the requisite claims data from January 1, 2015 through December 31, 2020 and was approved for an allocation need not complete Item 8 below.

3. Does the Acute Care Hospital listed above fall within one or more of the following categories?

___ Yes ___ No

   a. An Acute Care Hospital in the United States that treated patients diagnosed with opioid use disorder and/or other opioid-related conditions from January 1, 2009, through October 30, 2024, and is not owned or operated by a federal, state, county, parish, city, or other municipal government that (i) provides medical care and other related services for surgery, acute medical conditions, or injuries for a period of treatment time that is, on average, less than 25 days; and (ii) either (a) appears as active or inactive in the American Hospital Directory® as a "short term acute care" hospital or a "critical access" hospital or (b) includes an emergency department that is subject to the Emergency Medical Treatment and Labor Act ("EMTALA");

   b. an entity listed on Exhibit A to the Acute Care Hospital Settlement Agreements for which it is submitting a claim; and/or

   c. a Plaintiff in the Other Actions listed on Exhibit B to the Acute Care Hospital Settlement Agreements for which it is submitting a claim.

4. Has the Acute Care Hospital listed above hosted experts' visits at the Acute Care Hospital for the purpose of enabling the experts to engage with hospital personnel on the opioid epidemic at the hospital, and to review hospital policies, procedures, and programs regarding opioids?
___Yes ___ No

5. Has the Acute Care Hospital listed above produced claims data (as described in Item 8 below herein) to the Settling Defendants, for the cause of action noted in Item 2(a) above?
___Yes ___ No

6. Has the Acute Care Hospital listed above actively engaged in discovery, for the cause of action, if any, noted in Item 2(a) above? ___ Yes ___ No

   If yes, please indicate below those activities in which the Acute Care Hospital has actively engaged[7]:

   a. Responded to interrogatories and requests for production and requests for admissions?
___Yes ___ No

   b. Supplied hospital financial documents, policies and procedures, custodial emails, dispensing and discharge prescription data in response to requests by Settling Defendants or orders of a court? ___Yes ___ No

[7] To receive the 5% weight for this participation factor, the Acute Care Hospital must have participated in at least three of the six identified activities.

c. Provided 30(b)(6) and/or fact witness testimony? ___Yes ___ No

d. Propounded discovery to Settling Defendants? ___Yes ___ No

e. Formally disclosed expert opinions consistent with federal and/or state court rules?
___ Yes ___ No

f. Engaged in motion practice before a court and/or a special master?
___ Yes ___ No

7. Did the Acute Care Hospital listed above have a court-ordered trial date, for the cause of action, if any, noted in Item 2(a) above?
___Yes ___ No

If yes, please enter the court ordered trial date: _____/_____/_____

8. For all inpatient and outpatient discharges during the period January 1, 2015 through December 31, 2020, from the Acute Care Hospital listed above, please provide the following data in CSV (Comma Delimited) Electronic File or Pipe-Delimited Electronic Text File to be used in connection with the determination of the Allocated Amount. **An example of the data formatting is set forth in Exhibit A**. **This data should be in a separate CSV (Comma Delimited) Electronic File or Pipe-Delimited Electronic Text File for each Acute Care Hospital**. Physician office visits and non-acute care visits should **NOT** be included in data provided.

For the CSV (Comma Delimited) Electronic File or Pipe-Delimited Electronic Text File, please include in the file name the Name of the Acute Care Hospital, City and State where located and Date Range of Data Provided, for example, PhoenixGeneral-Phoenix-AZ-Jan09-Dec12.csv. If more than one file is provided due to size limitations, each file name will be the same with only the date range of the data provided changing (e.g., PhoenixGeneral-Phoenix-AZ-Jan13-Dec20.csv).

It is important to note, and as further described below, that the following data for each visit/discharge will need to be repeated on each row corresponding to each different ICD diagnosis code (except for ICD diagnosis code, ICD diagnosis code description and ICD diagnosis code priority). The data for the ICD diagnosis codes, ICD diagnosis code descriptions and ICD diagnosis code priority for each visit/discharge will therefore be unique to each row. For example, if a visit has 18 ICD diagnosis codes, there would be 18 rows/lines for that visit/discharge with each line containing a different ICD diagnosis code, ICD diagnosis code description and ICD diagnosis code priority. For all other data fields such as Patient Medical Record Number, Date of Discharge, etc. this data will be the same, and thus repeated, on all 18 rows/lines for that visit/discharge.

To the extent the qualifying Acute Care Hospital utilizes a coding system for any columns/data fields, please provide an index to explain the contents of any column/data field to the secure portal provided by the Notice and Claims Administrators. For example, the Patient Type data provided includes a 1, 2, or 3 and these respective contents are 1=Inpatient, 2=Outpatient, and 3=Emergency.

Please also ensure that all columns/data fields that may contain commas are updated so that such columns/data fields are placed in quotations when populating the CSV or Pipe-Delimited Electronic Text File. The columns/data fields that often contain commas include, but are not limited to, Attending Physician Name, DRG and ICD Diagnosis Code Descriptions.

Once the CSV (Comma Delimited) or Pipe-Delimited Electronic Text File is prepared, **please review the data VERY CAREFULLY** to confirm the data in each column contains the applicable data for that respective column's data field description. For example, payment amounts (Total Payments) should not be shown in the DRG Code column/data field or ICD Diagnosis Code column/data field should not be blank or designated null for a patient visit without an explanation, etc. In conducting your review, this will require that you "reality test" your data before submission to ensure that it does not contain obvious errors and inconsistencies. **Each Class Member will be provided a secure portal by the Notice and Claims Administrators to upload an executed Business Associate Agreement ("BAA") with Cherry Bekaert Advisory, LLC (formerly known as Legier & Company, apac), and upload this requisite claims data to the secure portal.**

Column	Data Fields	Definitions and Clarifications
a.	**Name**	Name of hospital/facility for which data is provided.
b.	**Address**	Address of hospital/facility for which data is provided.
c.	**City**	City of hospital/facility for which data is provided.
d.	**State**	State of hospital/facility for which data is provided.
e.	**Zip Code**	Zip Code of hospital/facility for which data is provided.
f.	**CMS Certification Number**	Provide a Center for Medicare & Medicaid Services Number (formerly known as the Medicare Provider Number). This should be a six-digit Medicare certification number for a hospital/facility.
g.	**Patient Medical Record #**	
h.	**Patient Account #**	
i.	**Payor Financial Class Description**	e.g., Blue Cross, Medicaid, Private Pay, etc.

Column	Data Fields	Definitions and Clarifications
j.	**Patient Type**	e.g., Inpatient or Outpatient. Hospital-related clinics or physician office visits should NOT be included in data provided.
k.	**Custom Patient Type**	e.g., Inpatient Psych, Outpatient Single Visit, Surgery, Lab, etc. Hospital-related clinics or physician office visits should NOT be included in data provided.
l.	**Date of Admission**	
m.	**Date of Discharge**	
n.	**Length of Stay (days)**	
o.	**Admission Type Description**	e.g., Emergency, Reservation, Reference Lab, etc.
p.	**Discharge Disposition Description**	e.g., Discharge Home, Nursing Home, Expired, etc.
q.	**Patient Date of Birth**	
r.	**Patient Age at Discharge**	
s.	**Patient Gender**	
t.	**Patient Race**	
u.	**Patient City**	
v.	**Patient State**	
w.	**Patient Zip Code**	
x.	**Attending Physician Name**	
y.	**Total Charges**	
z.	**Total Payments**	Total Payments should only contain actual payments received (e.g., insurance/self-pay). It should NOT include adjustments, bad debt, write-offs or contractual adjustments.
aa.	**DRG Code**	Provide a Diagnosis-Related Group ("DRG") code for each inpatient visit/discharge.
ab.	**DRG Code Description**	Provide a DRG code description for the above DRG code.
ac.	**All ICD Diagnosis Codes**	For each visit/discharge, provide all International Classification of Disease ("ICD") diagnosis codes (ICD-9 or ICD-10, as applicable) associated with each patient visit/discharge. Note: In most instances you should have multiple ICD diagnosis codes for a patient visit/discharge. Each of these ICD Diagnosis Codes related to each patient's visit should NOT be listed in multiple columns but rather each ICD diagnosis code should be listed in the

Column	Data Fields	Definitions and Clarifications
		same single column with each ICD diagnosis code shown on separate rows within the same single column. See Exhibit A.
ad.	**ICD Diagnosis Code Descriptions**	Provide ICD diagnosis code descriptions for the above ICD diagnosis codes.
ae.	**ICD Diagnosis Code Priority**	Provide whether each ICD diagnosis code is a Primary, Secondary, Tertiary, etc. diagnosis. These categories must be expressed in terms of a numerical code such as 1=Primary, 2=Secondary, 3=Tertiary, etc.
af.	**Mother's MRN (if applicable)**	This field pertains only to Acute Care Hospitals that deliver newborn babies or have a neonatal unit. If this visit/charge is for a birth mother, then this field should be blank as it would be the same MRN as the patient reported in row g. above. However, if this visit/charge pertains to a baby, then this field should contain the mother's MRN so that there can be a mother/baby link associated therewith.
ag.	**Baby's MRN (if applicable)**	This field pertains only to Acute Care Hospitals that deliver newborn babies or have a neonatal unit. If this visit/charge is for a baby, then this field should be blank as it would be the same MRN as the patient reported in row g. above. However, if this visit/charge pertains to a birth mother, then this field should contain the Baby's MRN so that there can be a mother/baby link associated therewith.

G. Certification

I certify that I am authorized to sign this Claim Form and I understand that an authorized signature on this Claim Form serves as an acknowledgement that I have a reasonable belief that the information is true and correct.

I certify that the Settlement Class Member has authority to release all Released Claims as identified in the following Settlement Agreements on behalf of itself and all other entities who are Releasors by virtue of their relationship or association with it.

I certify that the Settlement Class Member I am submitting this Claim Form on behalf of is eligible to receive funds under the following Settlement Agreements:

1. **Distributor Class Action Settlement Agreement with Acute Care Hospitals**

   ___YES ___NO

2. **Janssen Class Action Settlement Agreement with Acute Care Hospitals**

   ___YES ___NO

3. **Teva Defendants Class Action Settlement Agreement with Acute Care Hospitals**

   ___YES ___NO

4. **Allergan Defendants Class Action Settlement Agreement with Acute Care Hospitals**

   ___YES ___NO

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Your typed signature and submission of this Claim Form will have the same force and effect as if you signed the Claim Form on paper, which you may do alternatively.

Signature: _____

Executed on date (MM/DD/YYYY): _____

Print the name of the person who is completing and signing this claim.

Name (First Middle Last): _____

Title: _____

Acute Care Hospital: _____

Address: _____

_____

_____

Contact Phone: _____

Email: _____

Acute Care Hospital Settlement
c/o A.B. Data, Ltd.
P.O. Box 173034
Milwaukee, WI 53217

COURT APPROVED NOTICE REGARDING

Acute Care Hospital Settlement

54881-ACH-BD-28NOT