

MUWA1



Walker v MultiCare
**SUPERIOR COURT OF WASHINGTON
FOR PIERCE COUNTY**

Case No. 13-2-08746-0
consolidated with
Case No. 13-2-12653-8.

Claim Form

CLAIMANT INFORMATION

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Address		
<input type="text"/>		
Primary Address Continued		
<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
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Was a payment made to MultiCare, directly or through Hunter Donaldson, LLC on your behalf to pay a medical services lien notarized by Rebecca Rohlke? Yes No
2. At the time you received medical services from MultiCare for the injuries you suffered on or about the date of injury listed on the attached medical services lien(s), did you have commercial health insurance (that is, private insurance through a company such as Regence, Aetna, Blue Cross, NOT through Medicare, Medicaid, TriCare, or other government-sponsored programs)? Yes No

If yes, please provide the insurer's name and your subscriber number, if available:

Insurer's Name:

Subscriber Number:

3. Were you enrolled in Medicare/Medicaid/other government-sponsored health program at the time of service? Yes No

If yes, please select all that apply:

Medicare

Medicaid

Other Government sponsored health program: _____



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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4. Was there a settlement of a personal injury claim or a judgment, verdict, or award against another person or their insurer made in connection with the injuries you suffered on or about the date of injury listed on the attached medical services lien(s)? Yes No

If yes, then how much? \$

Were lien claims - including MultiCare's - paid out of the settlement? Yes No

If yes, then how much? \$

Please attach the following types of documentation: settlement statement or other documentation showing total settlement amount paid and lien claim payments.

Were your personal injury settlement funds placed in an attorney trust account to satisfy a medical services lien notarized by Rebecca Rohlke? Yes No

Please attach a copy of a trust account statement or other acceptable documentation showing the settlement funds were or are being held in trust.

Was there prior repayment of funds to you by MultiCare in connection with a medical services lien notarized by Rebecca Rohlke? (This is the case if you called a toll-free number established by MultiCare and, either as a result of calling the number or otherwise, you received a refund check.). Yes No

If yes, then how much? \$

5. Do you owe MultiCare for health services not included in the attached medical service lien(s)? Yes No

If yes, amount? \$

By submitting this Claim Form, I authorize MultiCare Health System and the Settlement Administrator, Gilardi & Co. LLC, to validate my claim, including accessing my protected health information, including health claims payment information. Once verified, I further authorize Gilardi & Co. LLC to make such reports to the Court and Class Counsel as may be required by the terms of the Settlement Agreement, which will include my name and the amount of any payment authorized under the terms of the Settlement Agreement, together with a general categorization of my claim as falling under one or more of the authorized payment classes and other potential claims identifying data. MultiCare and Gilardi & Co. LLC will not reveal the underlying nature of my health condition.

Sign Name: _____

Print Name: _____

Date: _____

