

Horton v. Molina Healthcare Settlement Administrator
P.O. Box 404017
Louisville, KY 40233-9817



M2R

DR. SAM LEBARRE HORTON V. MOLINA HEALTHCARE, INC.
UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA
Case No. 4:17-cv-00266-CVE-JFJ

**Must Be Postmarked No Later Than
August 12, 2019**

Claim Form

CLAIMANT INFORMATION

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City										State					Zip Code						
Foreign Province										Foreign Postal Code					Foreign Country Name/Abbreviation						

Our records reflect that, from April 12, 2013 to the present, you received unsolicited facsimiles sent by Southwest Medical Consulting LLC (“Southwest”) related to Molina Healthcare. **If you believe this is accurate you do not need to take any further action, as a claim will be submitted on your behalf.**

If you believe that you did not receive unsolicited facsimiles from Southwest related to Molina Healthcare but you are listed above as having received a facsimile, that you received a different number of unsolicited facsimiles than the number listed above, and/or if your mailing address needs to be updated, then you must complete this form below, sign the Affirmation below and return this form by August 12, 2019.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<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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FACSIMILE INFORMATION

Date(s) and time(s) of all unsolicited facsimiles received from Southwest related to Molina Healthcare on or after April 12, 2013:

1. Date: MM / DD / YYYY Time: : AM PM

2. Date: MM / DD / YYYY Time: : AM PM

3. Date: MM / DD / YYYY Time: : AM PM

4. Date: MM / DD / YYYY Time: : AM PM

5. Date: MM / DD / YYYY Time: : AM PM

AFFIRMATION:

By signing below, I declare under penalty of perjury that on or after April 12, 2013, I received unsolicited facsimile transmissions from Southwest Medical Consulting, LLC related to Molina Healthcare. I also declare that I am not a current or former employee of Molina Healthcare, Inc., or any affiliate, subsidiary or division of Molina Healthcare, Inc. or Southwest Medical Consulting, LLC.

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

Print Name: _____

QUESTIONS? VISIT WWW.MEDICALPROVIDERFAXCLASS.COM OR CALL 888-652-3221.

