AETNA CLASS ACTION LUMBAR ARTIFICIAL DISC REPLACEMENT
AETNA FUTURE SURGERY CLAIM FORM

You are receiving this Claim Form because records indicate you are a Class Member in a consolidated class action lawsuit *Brian Hendricks and Andrew Sagalongos v. Aetna Life Insurance Company*, Case No. 2:19-cv-6840-AB and *Andrew Howard v. Aetna Life Insurance Company*, Case No. 2:22-cv-01505-AB in the U.S. District Court for the Central District of California (the "*Hendricks-Howard* class action").

If Aetna denied your precertification request or post-service claim for single-level lumbar artificial disc replacement surgery (L-ADR) on the ground that L-ADR was "investigational" or "experimental," and if you have not had an L-ADR surgery, you may use this form to request relief under the *Hendricks-Howard* class action settlement for a future L-ADR surgery.

But if you have already had an L-ADR surgery, do not submit this form. To seek reimbursement under the Settlement for a past surgery—up to a maximum of $55,000—you may submit the Reimbursement Claim Form instead.

If you have not yet had an L-ADR surgery, and would like to seek reimbursement under the *Hendricks-Howard* Settlement Agreement for a future surgery, read the following instructions. The process depends on whether you currently receive health coverage through Aetna.

If you currently receive health coverage through Aetna: You have until December 28, 2026 to complete and submit this form to Atticus Administration at the address below.

If you do not currently receive health coverage through Aetna: You can seek relief under the settlement, but you must start with a different form. You must first submit the Former Aetna Member Claim Form. You have until August 31, 2026 to submit the Former Aetna Member Claim Form to Atticus Administration at the address below. After you submit the Former Aetna Member Claim Form, you will receive a response indicating whether you are eligible for reimbursement for a future single-level L-ADR surgery. If you are eligible, you then have 180 days from eligibility notice mailing to submit this form to Atticus Administration at the address below.

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent reimbursement for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Instructions:

Please read and follow all the instructions in this Claim Form. If you have any questions about this form, or if you need an additional form, contact the Settlement Administrator at 1-800-243-4551 When you have completed this Claim Form, please mail it—along with supporting documentation—directly to the Settlement Administrator at the address listed below:

Hendricks and Howard v Aetna Life Insurance Co.
c/o Atticus Administration
PO Box 64053
Saint Paul, MN 55164
Email: LADRSurgerySettlement@atticusadmin.com

CLASS MEMBER INFORMATION				
Last Name	First Name			Middle Name
Home Address		Date of Birth (Mo / Day / Yr)		Primary Phone Number
City	State	Zip	Patient Sex	Is this a new address? YES ☐ NO ☐
Are you currently enrolled in health coverage through Aetna? YES ☐ NO ☐				
If you checked the "YES" box in the row above, complete the additional rows below in this table.				
Aetna member ID number:				
Is your current Aetna health coverage group health coverage? YES ☐ NO ☐ I DON'T KNOW ☐				
Aetna coverage group name or employer name (if applicable):				
Aetna coverage group number (if applicable):				

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INFORMATION ABOUT THE SURGEON RECOMMENDING L-ADR FOR YOU

Requesting Provider name:
Requesting Provider NPI:
Requesting Provider phone number:
Requesting Provider fax number:
Is the Requesting Provider a participating provider (or “in network” provider) with Aetna? YES ☐ NO ☐ I DON’T KNOW ☐

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AUTHORIZATION TO OBTAIN AND RELEASE MEDICAL INFORMATION

I hereby authorize any physician, health care practitioner, hospital, clinic, or other medically related facility to furnish to Aetna Life Insurance Company, its agents, designees, or representatives, any and all information pertaining to medical treatment for purposes of reviewing, investigating, or evaluating this claim. I also authorize Aetna Life Insurance Company, its agents, designees, or representatives to disclose to a hospital or health care service plan, insurer, or self-insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim.

This authorization becomes effective immediately and will remain in effect until _____.

A photocopy or scan of this authorization will be considered as effective and valid as the original.

I certify that the above statements are correct.

AETNA MEMBER, FORMER MEMBER, OR PARENT OR LEGAL GUARDIAN'S SIGNATURE (if Member is under 18 years old)

PRINT NAME

DATE

CONTINUED ON NEXT PAGE

MEMBER CERTIFICATION	
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE PROVIDED TRUE AND ACCURATE INFORMATION ON THIS CLAIM FORM AND ANY ACCOMPANYING CLAIM FORM DOCUMENTATION PAGE(S) TO THE BEST OF MY ABILITY. I UNDERSTAND THIS CLAIM IS SUBJECT TO REVIEW AND VERIFICATION, AND THAT AETNA MAY REQUEST THAT I SUBMIT ADDITIONAL INFORMATION TO SUPPORT MY REQUEST FOR RELIEF UNDER THE SETTLEMENT.	
SIGNATURE OF AETNA MEMBER OR FORMER MEMBER (or signature of parent or legal guardian if Member is under 18 years old): _____	DATE

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To be eligible for relief under the Settlement, you must also submit a certification from the surgeon that intends to perform the planned single-level L-ADR surgery. There are two different ways you can do this.

One way is to ask your surgeon to complete the Surgeon Certification below on this page.

The second way is to ask your surgeon to give you a signed letter of medical necessity, which you must then submit with your completed form. If you choose to submit a letter of medical necessity, the letter must: (1) be from the surgeon that intends to perform the planned surgery, (2) attest that the surgeon has recommended you undergo a lumbar artificial disc replacement surgery at a single level of the lumbar spine, and (3) attest that, in the surgeon's professional judgment, the planned surgery is medically necessary for you.

SURGEON CERTIFICATION	
I AFFIRM THAT (1) I HAVE RECOMMENDED THAT THIS PATIENT UNDERGO A LUMBAR ARTIFICIAL DISC REPLACEMENT SURGERY AT A SINGLE LEVEL OF THE LUMBAR SPINE, (2) THAT THIS SURGERY IS MEDICALLY NECESSARY IN MY PROFESSIONAL JUDGMENT, AND (3) THAT I INTEND TO PERFORM THE PLANNED SURGERY.	
NAME OF PROVIDER: SIGNATURE OF PROVIDER _____	DATE
CONTACT NAME OF OFFICE PERSONNEL TO CALL WITH QUESTIONS: TELEPHONE NUMBER:	

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FURTHER STEPS AFTER YOU SUBMIT THIS FORM

You will receive a response from the Settlement Administrator within 30 days of submitting a completed form telling you whether your planned surgery is authorized under the terms of the settlement. If the Settlement Administrator tells you that your planned surgery is authorized, you will have 180 days to have the surgery performed.

Once you have had the surgery performed, you will be able to choose whether (1) you would like to be reimbursed for your documented out-of-pocket costs for the surgery up to a maximum amount of $55,000 or (2) you would like Aetna to pay your medical provider directly for the surgery up to a maximum amount of $55,000.

If you choose to be reimbursed, to receive any payment you must then submit the Reimbursement Claim Form to Atticus Administration and both of the following:

(1) Documentation sufficient to show you had a single-level L-ADR surgery, such as an operative report or other clinical records (sufficiently detailed payment records will also suffice if those records show you had a single-level L-ADR surgery); and

(2) Proof of your payment (checks, wire-transfer receipts, invoices reflecting actual payment, or other reasonable proof substantiating payment) showing your net unreimbursed out-of-pocket payments to medical providers for that surgery.

If you choose to ask Aetna to pay your medical provider directly, the medical provider must submit to Atticus Administration both of the following:

(3) Documentation sufficient to show you had a single-level L-ADR surgery, such as an operative report or other clinical records (sufficiently detailed payment records will also suffice if those records show you had a single-level L-ADR surgery); and

(4) Proof of the medical bills charged to you by your medical provider for the surgery.

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