

Duncan v. Alera et al. Claim Form

Please print

Name: _____

Address _____

Phone Number _____ **Email Address** _____

My Claim is based on (check box): **Total Monthly Payments to Unity/Alera** or **Uncovered Medical Expenses.**

For both types of claims, please attach all documents that show that you either (1) paid the claimed monthly payments or (2) received the medical services and incurred a debt for the services identified above. Proof includes itemized statements, cancelled checks, credit card statements, receipts, treatment summaries, etc. **DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED TO YOU.**

Additional copies of this form can be found at www.sylaw.com/UnitySettlement .

For Monthly Payments: List Dates Enrolled with Unity/Alera and total payments made: _____

For Uncovered Medical Expenses, provide the information below:

Date of Service (Required)	Provider Name (Required) (and address and phone number, if available)	Description of Service (including frequency and duration) (Required)	Amount You Paid or Owe for the Service (Required)	Was this claim previously submitted for coverage? (Y/N)

Date of Service (Required)	Provider Name (Required) (and address and phone number, if available)	Description of Service (including frequency and duration) (Required)	Amount You Paid or Owe for the Service (Required)	Was this claim previously submitted for coverage? (Y/N)

Dated this _____ day of _____, 2023. I declare that the foregoing is true and correct under penalty of perjury.

Name _____

Signature _____