

New West Health Services Settlement Administrator  
Heffler Claims Group  
PO Box 8769  
Philadelphia, PA 19101-8769

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<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

## **You Could be Entitled to Money As Part of a Settlement with New West Health Services.**

**Please read this notice carefully to see if you qualify.**

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### **WHAT THIS IS ABOUT**

**Judge Kathy Seeley of the First Judicial District Court of Montana has ordered this notification be sent to all persons who may be eligible for membership in the class action suit, Rolan v. New West Health Services. Persons who qualify may be eligible to receive thousands, tens of thousands or possibly, hundreds of thousands of dollars in damages, depending on the circumstances. New West records indicate you or your family members may fall within this category.**

### **WHO IS QUALIFIED**

The Court has ruled that members of the class will receive monetary damages because New West unlawfully failed to pay some or all of their medical bills. To be eligible or considered, you or a family member must meet two conditions:

1. Health insurance through New West at any time from January 26, 2002.
2. Injured due to the legal fault of another person or company (e.g., automobile accidents; slips and fall; dangerous consumer products; medical malpractice or other types of claims for injury).

If you or a family member satisfy these two conditions, you are a putative class member and your claim will be considered or eligible to receive money.

### **WHAT TO DO IF YOU QUALIFY**

You must fill out and mail back the attached pre-paid claim form no later than February 26, 2021. The Court has ruled that people who fail to mail back their claims form within this time period, may forfeit their right to receive a monetary recovery.

This is only a summary. You can obtain additional information by calling the phone number below or visiting the website.

**Questions? Call 1-833-913-4212 or visit [www.NewWestHealthServicesSettlement.com](http://www.NewWestHealthServicesSettlement.com)**



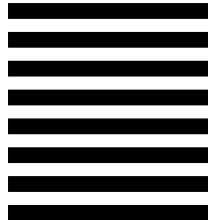
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NEW WEST HEALTH SERVICES SETTLEMENT ADMINISTRATOR  
HEFFLER CLAIMS GROUP  
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<<Barcode>>

Class Member ID: <<Refnum>>

**MUST BE  
POSTMARKED NO  
LATER THAN  
FEBRUARY 26, 2021**

**PROOF OF CLAIM FORM**

**RE: Rolan v. New West Health Services, et al., 6-15-cv-0051**

FOR OFFICE USE ONLY

**IMPORTANT: A CLAIM FORM MUST BE SUBMITTED ON OR BEFORE FEBRUARY 26, 2021 AND MAILED TO THE FOLLOWING ADDRESS:**

New West Health Services Settlement Administrator  
Heffler Claims Group  
P.O. Box 8769  
Philadelphia, PA 19101-8769

Firstname: \_\_\_\_\_ MI \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**For your Claim Form to be valid, your form must be signed, dated and submitted to the Settlement Administrator at the address listed above.**

\_\_\_\_\_  
SIGNATURE:

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_