

**DEFICIENCY CURE FORM FOR BUSTOS, et al. v. RIVERSIDE MEDICAL CLINIC**

*Bustos, et al. v. Riverside Medical Clinic*

Case No.: CVR12203466

In the Superior Court of the State of California, County of Riverside

**GENERAL INSTRUCTIONS**

**To receive benefits from this settlement, you must submit the Deficiency Cure Form below by October 7, 2024.**

This Deficiency Cure Form may be completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Deficiency Cure Form, including any supporting documentation, by U.S. mail to:

*Bustos, et al. v. Riverside Medical Clinic*  
c/o Kroll Settlement Administration LLC  
PO Box 5324  
New York, NY 10150-5324

You must complete and mail this Deficiency Cure Form to the Settlement Administrator, postmarked by **October 7, 2024**.

**TO SUBMIT A DEFICIENCY CURE FORM**

You should complete and submit a Deficiency Cure Form by mail if you are a patient or other person who visited Riverside Medical Clinic's ("RMC") website, [www.riversidemedicalclinic.com](http://www.riversidemedicalclinic.com) between September 9, 2017, and December 13, 2022

**Payment will be mailed in the form of a Claim Check to the address you provide below.**

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**1. SETTLEMENT CLASS MEMBER INFORMATION**

\_\_\_\_\_ MI \_\_\_\_\_  
\*First Name \*Last Name

\_\_\_\_\_  
\*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

\_\_\_\_\_ - \_\_\_\_\_  
\*City \*State \*Zip Code Zip4 (Optional)

\_\_\_\_\_ @ \_\_\_\_\_  
\*Current Email Address

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Current Phone Number (Optional)

\*Class Member ID: **83037** \_\_\_\_\_

\*Class Member ID: Your Class Member ID can be found on the Postcard Notice you received informing you about this Settlement.

If you do not have a Class Member ID, or if you need additional help locating this Class Member ID, please contact the Settlement Administrator at (833) 462-9176.

**2. PAYMENT ELIGIBILITY INFORMATION**

Please review the Postcard Notice and Frequently Asked Questions located on the Settlement Website, [www.riversidepixelsettlement.com](http://www.riversidepixelsettlement.com) for more information on who is eligible for a Claim Payment under the Settlement. Please provide as much information as you can to help us figure out if you are entitled to cash compensation.

Settlement Class Members who file a valid Deficiency Cure Form will be eligible to receive a *pro rata* cash payment of the Net Settlement Fund from the Defendant regarding the Website Usage Disclosure.

I attest that I visited the Defendant’s website at least once between September 9, 2017, and December 13, 2022.

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3. **SIGN AND DATE YOUR CLAIM FORM**

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed Name

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**Please keep a copy of your completed Deficiency Cure Form for your records.**

Mail your completed Deficiency Cure Form to the Settlement Administrator:

Settlement Administrator – 83037  
c/o Kroll Settlement Administration LLC  
PO Box 5324  
New York, NY 10150-5324

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your Claim Form. You can update your contact information on the Contact page at [www.riversidepixelsettlement.com](http://www.riversidepixelsettlement.com).

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