

ATTENTION

**In order to receive a payment or discounted bill from this settlement,
you must complete a Claim Form and:**

- return it by U.S. First Class mail, postmarked no later than January 17, 2007, OR
- delivered it by any other means no later than January 17, 2007, to the following address:

Settlement Administrator for
Sutter Health Uninsured Pricing Cases
Claims Administration Center
P.O. Box 38
Minneapolis, MN 55440-0038

If you do not submit a Claim Form and you do not request to be excluded from this settlement:

- you will not receive any refund or discount on prior hospital bill(s) in connection with this Settlement;
- you will be legally bound by the Settlement if it is approved by the Court;
- you will not be able to bring a separate lawsuit against Sutter Health or any of its hospitals relating to the matters raised in this class action.

