Schmitt v. Kaiser Foundation Health Plan of Washington, et al.
For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com
Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or 1-877-921-3669 (TTY)

FORM 2: CERTIFICATION OF PAYMENT(S)

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You **must** include the following with this Certification: (1) Completed Claim Form(s) identifying the dates of purchase or service, the licensed hearing professional, the type of service or hearing aid purchased, the amount paid or owed, and whether the claim was submitted to Kaiser and (2) documentary evidence reflecting the unreimbursed charges or debt incurred for the claimed Hearing Aid(s) and Related Services unless such evidence was already submitted to Kaiser. Please see the enclosed "Claim Form Instructions" for assistance.

If you are submitting a Claim Form on behalf of another individual, additional documentation must be submitted to demonstrate authority to file a claim on their behalf.