



## FAMILY DERMATOLOGY CLAIM FORM

Department of Law, Consumer Protection Unit  
State of Georgia

Please type or print legibly in black or blue ink.

- This Claim Form is for consumers who:
  - Due to the Family Dermatology, P.C.'s billing practices, paid alleged debts the consumers did not owe, *and*
  - Have **not** received full refunds for the payments.

Consumers who have received a full refund for their payment and consumers who received an incorrect bill but did not pay the bill are not eligible for monies under this settlement.

- Eligible consumers should fill out this Claim Form *completely*. Failure to provide all of the information requested will not necessarily result in the denial of your claim; it could, however, delay consideration of your claim while we request additional information from you, or it could impact your ability to demonstrate your loss and/or recover restitution. Questions should be directed to Mike Hummill by email only to [mhummill@law.ga.gov](mailto:mhummill@law.ga.gov).

- **Documents Requested.** Return this Claim Form with copies (*no originals, please*) of:

1. Documents that establish that you paid an alleged debt to Family Dermatology, P.C. or its agent, such as a cancelled check;
2. Any bills, collection requests, or other communications from Family Dermatology, P.C. or its agent that allege you owe money to Family Dermatology, P.C.;
3. Any communications from Family Dermatology, P.C. or its agents regarding any complaints, inquiries, questions, or requests to validate the alleged debt that you may have made regarding the alleged debt; and,
4. Any documents that support your claim that you did not owe the alleged debt.

In some cases, the Department of Law, Consumer Protection Unit ("CPU") may need to request additional documentation from you.

If you do not have any of these documents, you may submit your Claim Form anyway and provide a detailed explanation of the events. Your lack of documentation does not necessarily mean that your claim will be denied.

- Keep a copy of your completed Claim Form and any submitted attachments for your records.
- Submit your completed Claim Form and any documentation by mail, overnight delivery, fax or hand-delivery. **You may not submit the Claim Form by email!**

Mailed, overnighted and hand-delivered Claim Forms (including documentation) should be submitted to:

Family Dermatology Restitution Program  
Department of Law, Consumer Protection Unit  
2 Martin Luther King, Jr. Drive SE, Suite 356  
Atlanta, Georgia 30334-9077

Faxed Claim Forms (including documentation) should be faxed to 404-651-9018.

**The Claim Form must be postmarked or faxed no later than 5:00 p.m. EDT on Monday, August 8, 2016.**

- Please note that it is a time-consuming process to evaluate and verify each claim submitted. Your patience is appreciated.

**FAMILY DERMATOLOGY, P.C. CLAIM FORM**

Consumer Name: \_\_\_\_\_  
*First Middle Initial Last*

Consumer's Social Security Number (Required): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (Day) (\_\_\_\_) \_\_\_\_\_ (Night)

Email: \_\_\_\_\_

Did you file a complaint about Family Dermatology, P.C. with the Department of Law, Consumer Protection Unit ("CPU") or the Governor's Office of Consumer Protection? Yes  No

If Yes, list the file number (if known) \_\_\_\_\_

Description of the debt you paid: \_\_\_\_\_

Date of Payment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Payment: \_\_\_\_\_

Amount you claim you are owed as reimbursement: \_\_\_\_\_

Have you received a refund, account credit, replacement or other payment from Family Dermatology, P.C., its agent, your credit card company, or from any other source related to the payment you have identified on this claim form? Yes  No

If you answered "YES," please explain and identify any amounts you were refunded and the source of the refund:  
\_\_\_\_\_

Please provide a brief description of your claim, including an explanation of why you did not owe the amount alleged by Family Dermatology, P.C. or its agent. Your claimed amount will be subject to verification and a CPU representative may need to obtain clarifying information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attached documents to substantiate your Claim? Yes  No

Have you been or are you currently a party to any legal action against Family Dermatology, P.C.? Yes  No

**I declare, under penalty of perjury under the laws of the State of Georgia, that the information contained in this claim is true and accurate, and that any documents attached are true and accurate copies of the originals. I understand that my claim and the related documents will become a "public record" under state law, and thus can be subject to a public records disclosure request and/or be seen by other people.**

\_\_\_\_\_  
Signature Date City and State where signed

**Your submission must be postmarked or faxed no later than 5:00 p.m. EDT on August 8, 2016. Return to the Department of Law, Consumer Protection Unit address or fax number listed on the instruction sheet. You may not submit the claim form by email.**