



Dr. Brittany Parlopino
3841 Emerald Ave, La Verne, CA 91750
Ph/Fx: (909) 301-0141
E: info.parlochiro@gmail.com
W: parlochiro.com

PROVIDER/PATIENT/ATTORNEY
CLAIM AGREEMENT AND LIEN

This agreement is entered into among Dr. Brittany Parlopino, D.C. (hereinafter "Provider"), _____ (hereinafter "Patient") and _____ (hereinafter "Attorney"), in consideration of the mutual obligations set forth herein and establishes their responsibilities to each other during the pendency of Patient's accident of _____, _____ (hereinafter "Claim").

1. Patient hereby gives a lien to Provider against all proceeds from this claim after attorney's fee and costs (whether by settlement, judgment or otherwise) to secure payment of all fees owed to Provider by Patient for treatment arising out of injuries sustained, as of the time such proceeds are received. Patient hereby directs Attorney to honor said lien and to pay such sums as are secured hereby directly to Provider, as soon as possible after any proceeds are received.
2. Patient hereby expressly recognizes that even though this lien has been given, Patient still remains personally responsible for Providers' fees and that Patient must make payment of them regardless of whether any money is received through this claim.
3. Patient hereby authorizes Provider to Attorney, at reasonable intervals upon Attorney's request, complete reports of Patients medical condition, care and cost of treatment. Provider agrees to furnish these reports within a reasonable compensation for consultation, depositions and court appearances.
4. Provider hereby agrees to await Patient's payment of Providers' fees until this claim is concluded, excluded to the extent that payment is available from insurance, which provides health care benefits for Patient. Provider agrees to be available to Attorney, upon reasonable notice and for reasonable compensation for consultation, depositions and court appearances.
5. In the event of any dispute between the Provider and the Patient concerning Provider's fees, Attorney agrees to hold in trust until such dispute is resolved, or to deposit with the Court, a sufficient amount of Patient's proceeds to satisfy Provider's claimed fee.
6. Attorney and Patient hereby agree to notify Provider, immediately, should Patient retain new legal counsel. Patient agrees to direct new legal counsel to execute another copy of this Claim Agreement and Lien when Provider furnishes one.
7. Attorney hereby agrees that Attorney is a party to this contract and further recognizes that Attorney is receiving a benefit from this agreement, which constitutes valid consideration, and Attorney is bound by the terms of this contract.
8. Before Attorney distributes any monies received through this claim, Attorney agrees to request, and Provider shall provide a response in regard to the Patient's outstanding account balance.
9. Should any party seek judicial enforcement of this agreement, the prevailing party shall be entitled to reasonable attorney's fees.
10. This claim Agreement and Lien cannot be modified, changed, varied or revoked by any party without the express written consent of all parties.

Patient: _____ Date: _____
Provider: _____ Date: _____
Attorney: _____ Date: _____