

SCHROEDER FAMILY CHIROPRACTIC  
2535 N. FRESNO  
FRESNO CA 93703  
(559) 226-2535  
(Fax) 226-7266

PROVIDER/PATIENT/ATTORNEY  
CLAIM AGREEMENT AND LIEN

This agreement is entered into among Schroeder Family Chiropractic, (Hereinafter "Provider").  
\_\_\_\_\_ (Hereinafter "Patient"), and \_\_\_\_\_ (Hereinafter "Attorney"),  
in consideration of the mutual obligations set forth herein and establish their responsibilities to each other pending claim  
arising from patient's accident of \_\_\_\_\_, 20\_\_\_\_, (Hereinafter "claim").

1. Patient hereby gives a lien to provider against all proceeds derived from this claim after attorney's fees and costs (whether be settlement, judgment, or otherwise) to secure payment of all fees owed to provider by patient for treatment rendered out of injuries sustained.
2. Patient hereby-direct attorney to honor said lien and to pay such sums as are secured hereby directly to provider, as soon as possible after any settlement is received.
3. Patient hereby expressly recognizes that even though this lien has been given, patient still remains responsible for provider's fees and that payment of them must be made by patient regardless of whether any money is received through this claim.
4. Patient hereby authorizes provider to provide attorney, at reasonable intervals upon attorney's request, complete reports of patient's medical condition, care and cost of treatment. Provider agrees to finish these reports within a reasonable time, and as a reasonable cost.
5. Provider hereby agrees to await patient's payment of provider's fees until this claim is concluded, except in regards to fees by the provider for consultations, depositions and court appearances from which are to be paid in advance so as to secure time set aside by the provider.
6. In the event of any dispute between the provider and 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.
7. 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 finishes one.
8. Attorney hereby agrees that attorney is a party to this contract and further recognizes that attorney is receiving a benefit from this agreement which constricts valid consideration and attorney is bound by the terms of the contract.
9. 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.
10. Should any party seek judicial enforcement of this agreement; the prevailing party shall be entitled to reasonable attorney fees.
11. This claim agreement and lien cannot be modified, changed, or revoked by any party without the express written consent of all parties.

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
ATTORNEY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE SIGN, DATE, AND RETURN ONE COPY TO OUR OFFICE