

FALSE INFORMATION ADDENDUM

I _____ hereby certify that to move forward with this claim, the information I have provided is truthful to the best of my knowledge and I have not committed perjury which is the act of falsifying information.

If the law firm is unable to confirm your medical diagnosis, you will be notified that you will need to provide your own medical records to support your claim.

If you are unable to provide it, the law firm will send you a letter of denial to represent your claim, due to the lack of supporting evidence required.

Claimant Signature: _____

Claimant Full Name: _____

I

IP Address: 154.47.22.106

Record Tracking

Status: Original
4/7/2024 8:12:55 AM

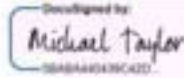
Holder: Michael Taylor
info@injurycaseclaims.com

Location: DocuSign

Signer Events

Michael Taylor
info@injurycaseclaims.com
Intake Specialist
Injury Case Claim
Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:

3648440439C4D2

Signature Adoption: Pre-selected Style
Using IP Address: 154.47.22.106

Timestamp

Sent: 4/7/2024 8:15:11 AM
Viewed: 4/7/2024 8:18:36 AM
Signed: 4/7/2024 8:20:03 AM

Authentication Details

Identity Verification Details:

Workflow ID: bc39d525-af96-4501-92d7-1b698ec3ce82
Workflow Name: Claimant Verification Process
Workflow Description: In order to process your claim, please provide a valid US govt issued ID so we can authenticate you are a real person, providing accurate information.
Identification Method: Government Issued Id Document
Type of Document: Driver's License
Identification Level: ID Only
Transaction Unique ID: 866b7dbc-8e1a-550e-965a-609214f42e8a
Country or Region of ID: US
Result: Passed
Performed: 4/7/2024 8:18:03 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/7/2024 8:15:11 AM

Envelope Summary Events	Status	Timestamps
Certified Delivered	Security Checked	4/7/2024 8:18:36 AM
Signing Complete	Security Checked	4/7/2024 8:20:03 AM
Completed	Security Checked	4/7/2024 8:20:03 AM


Identity Verification Details


This identity verification was done on Michael Taylor for Envelope ID 4d40c942-c6c4-47d7-a823-2315afc4dd6a.



Michael Taylor passed identity verification

Verified by [redacted] | ID Verification Transaction Number 6389c23d-5c04-43a5-816b-a4caae4f480b
03/25/2024 5:50:58 PM UTC

 **Type of ID selected by recipient**
Driving Licence

 **Country/region selected by recipient**
United States





Last names

TAYLOR

Date of birth

()

Gender

Male

ID Number

()

Issue date

()

Expiry date

()



MVA CLAIMANT INTAKE QUESTIONNAIRE

Date:

CLAIMANT CONTACT DETAILS

CLAIMANT FULL NAME:

CLAIMANT PHONE:

CLAIMANT ADDRESS:

CLAIMANT EMAIL:

BEST TIME TO REACH:

CLAIMANT DOB:

CLAIMANT SSN:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

CLAIMANT CASE DETAILS

FILING TYPE:

CONFIRM SOL:

CONFIRM NO ATTORNEY:

CONFIRM NO FAULT:

CONFIRM FAULT PARTY
INSURED:

INJURY TYPE:

CONFIRM INJURY RELATED TO
ACCIDENT:

INJURY DETAILS:



MVA CLAIMANT INTAKE QUESTIONNAIRE

ACCIDENT DATE:

CONFIRMED TREATMENT:

INTAKE AGENT COMMENTS:

RETAINER LINK:

CLAIMANT LEGAL & COMPLIANCE DETAILS

IP ADDRESS:

SMS OPT IN:

TCPA OPTIN:

PASSED QUALITY CONTROL:

TRUSTED FORM URL:

TRUSTED FORM CERT:

MEDIA SOURCE:

All information gathered was acknowledged to be truthful and accurate, per the testimonial statement given by each claimant on a recorded line. Each intake has passed a rigorous vetting and quality control process that goes far beyond the industry standards. We strive to provide superior quality products and services to our legal law firm buyers. If there are any inaccuracies or errors, please contact your account manager or return the lead for a replacement credit request which we guarantee to review within three days of receipt.

**PERSONAL INJURY CONTINGENT FEE RETAINER AGREEMENT
(Business & Professions Code § 6146)**

In consideration of the legal services to be rendered by **LAW FIRM TBD** (*hereinafter, "The Firm" and/or "Co-Counsel"*) for injuries and/or damages sustained from exposure to **personal injury claim**, the undersigned(s) employ(s) LAW FIRM TBD to commence and prosecute such claims, and in the event of a monetary recovery assigns to them a fee of forty percent (40%) of all amounts recovered whether by trial or settlement. The above contingent fee is not set by law but is negotiable between the Firm and the client(s). The Firm may structure their fee at no cost to the client.

The Firms' attorney fee shall be computed from the gross sum recovered. In addition, all pre-litigation and litigation costs which may include court filing fees, subpoena costs, photocopy expenses, medical record reviews, PowerPoint presentations, animations, depositions, court reporters' costs, travel, expert witness fees, Medicare, Medi-Cal and Medicaid consultants, fees, administration fees, lien resolution fees and any other expenses incurred in investigating and litigating the claim which are advanced by Law Firm TBD, shall be repaid to them from the client's portion of the recovery.

**IF NO RECOVERY IS OBTAINED, NO FEES
OR COSTS SHALL BE OWED TO THE FIRM.**

No settlement shall be binding without the consent of client

The Firm may withdraw at any time upon giving reasonable notice. If the client discharges The Firm at any time prior to a recovery, an attorney fee lien is assigned to The Firm for the costs advanced and reasonable value of The Firms' legal services previously undertaken in the action as to any negotiated settlement or verdict. At the conclusion of the case, it is anticipated after payment of any and local counsel fees (if applicable), attorneys' fees will be divided between Co-Counsel as follows: 40%

Date: 4/7/2024

Initials: MT

THE REFERRAL OR ASSOCIATION OF CO-COUNSEL DOES NOT INCREASE THE TOTAL ATTORNEYS' FEE OF 40% OF THE GROSS RECOVERY.

LAW FIRM TBD shall retain 40% attorneys' fees as they have paid moneys for marketing which will result in the acquisition of potential **personal** claims. LAW FIRM TBD shall be responsible for ordering medical records and bills; obtaining information needed to document liability and damages; identifying potential subrogation claims; identifying statute of limitation issues; prosecuting claims including preparing discovery; attending and taking oral depositions as necessary; sending update and declination letters; and all other tasks involved in prosecuting the case.

The law firm TBD is to be responsible for ordering medical records and bills; obtaining information needed to document liability and damages; identifying potential subrogation claims; identifying statute of limitation issues; prosecuting claims including preparing discovery; attending and taking oral depositions as necessary; sending update letters; and all other tasks involved in prosecuting the case. The LAW FIRM TBD of all non-qualifying matters and review all Statute of Limitations issues.

This agreement does not cover an appeal after trial or other potential related claims that may arise and require legal services such as worker's compensation claims.

Client gives the LAW FIRM TBD Power of Attorney to execute all complaints, claims, contracts, checks, settlements, compromises, releases, verifications, and dismissals.

Dated this 7th day of March, 2024.

CLIENT:

DocuSigned by:
Michael Taylor
Signature

Michael Taylor
Printed Name

Date of Birth: 01/01/1980

Social Security No.: XXX-XXX-XX99

ON BEHALF OF: self
(e.g. minor child, deceased person, incompetent person under Power of Attorney, etc)

Date: _____

Via Fax: _____

REQUEST TO: _____
MEDICAL RECORDS DEPARTMENT

FROM: The Law Firm TBD

Dear Records Custodian: Please send Medical Records to my Attorney

I, _____(patient), DOB _____request that copies of any and all of my medical records from _____ to _____ including, but not limited to:

Discharge Summaries, History & Physical, Operative Reports, Pathology Reports, Consultations, Doctors' Progress Notes, Radiology Reports, Radiological Films, NDC Coding Forms, Records Documenting the Manufacturer & Lot Number of any Implanted Devices, and all outside or supplemental records that are part of my file,

Produced in a PDF file format on a compact disc (CD) **for the cost of labor and of a CD.**

Please send records to: *20 Broad St # 233* Berlin MD 21811

The HITECH Act [see 42 USC § 17935(e)] directs that a patient shall have the right to obtain electronic records for a reasonable cost-based fee. The HITECH Act and 42 USC §17935 Part(e) of that statute, modified the HIPAA regulations to **limit charges for medical records to cost-based fees for providing records to a patient or "any entity or person designated by the individual, provided that any such choice is clear, conspicuous, and specific; ..."** This new rule was written specifically to allow a patient to direct medical records to "any" 3rd party and take advantage of the reasonable cost-based benefits of HIPAA. The rule includes attorneys or anyone else the patient designates in his letter requesting records. The final rulings by the U.S. Department of Health and Human Services specifically distinguishes the patient letter from a 3rd party HIPAA Authorization, which is not required.

Page charges for a digital file that can be copied to a single CD are not reasonable cost- based fees based on this act.

This authorization ends one (1) year after the signature date.

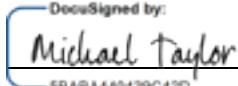
I have the right to revoke this authorization at any time, in writing, to the appropriate disclosing party.

Uses and disclosures already made by the recipient based upon my original permission cannot be revoked.

I may not be able to revoke this authorization if its purpose was to obtain insurance.

Treatment by any party may not be conditioned upon my signing of this authorization.

A copy of this authorization is as valid as the original.

Signed:  _____
SBABA440439C42D

Dated: 4/7/2024

Date: _____

Via Fax: _____

REQUEST TO: _____
MEDICAL RECORDS DEPARTMENT

FROM: The Law Firm TBD

Dear Records Custodian: Please send Medical Records to my Attorney

I, _____(patient), DOB _____request that copies of any and all of my medical records from _____to _____to include the following:

Discharge Summaries: YES NO	Doctors' Operative Reports YES NO	Nurses' Intraoperative Reports: YES NO	Radiology Reports: YES NO
ER Visits: YES NO	Office Notes: YES NO	DRC Coding Forms: YES NO	Pathology Reports: YES NO
Radiological Films for:	Billing Records: YES NO	Complete Medical Records: YES NO	History & Physical: YES NO
Sticker Page with Manufacturer & Lot Number of all Implanted Medical Devices: YES NO	Produce Actual Medical Device that was Removed: YES NO	Outside or Supplemental Records: YES NO	Consultations: YES NO

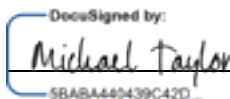
Produced in a PDF file format on a compact disc (CD) **for the cost of labor and of a CD.**

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I understand the potential for re-disclosure by the authorized recipient.

This authorization ends one (1) year after the signature date.

Signed:  _____
SBABA440439C42D...

Dated: 4/7/2024