

# Agreement Letter

**PLEASE READ AND PRINT THIS LETTER, AND FAX SIGNED COPY TO 951-779-9189, OR ENCLOSE WITH RECORDS. Thank you.**

I, \_\_\_\_\_ (name of attorney) am hereby retaining the services of C. Paul Sinkhorn, MD for the review of the matter entitled:

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(name of case; please **CIRCLE** your client)

for the purposes of a medical opinion and possibly for deposition or trial testimony. I have reviewed Dr. Sinkhorn's fee schedule and agree to the payment terms, including payment of all invoices within 30 days of invoice date. I also agree that 8% annual interest will be charged for all overdue payments (0.67% per month). Any disputes about payment will fall under jurisdiction of the Riverside, California court system.

I understand that typical turnover time for case review is within **25 working days (5 working weeks)**, unless special arrangements have been made for expedited services (thereby incurring a 30% surcharge). It is understood that fees are subject to change over the course of litigation of a case. It is also understood that Dr. Sinkhorn does not take cases against the University of California system.

**PLEASE DO NOT SEND ANY ORIGINAL FILES, INCLUDING XRAYs/VIDEOS/CDs/etc, AS THESE CANNOT BE RETURNED. PLEASE SEND COPIES ONLY.**

DATE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

FIRM: \_\_\_\_\_