

LOS ANGELES MACHINIST BENEFIT TRUST

3333 Vincent Rd., Suite 203A
Pleasant Hill, California 94523
(800) 499-8121
(925) 405-0659 FAX

REIMBURSEMENT AGREEMENT

Member

Date

Member's ID #

Patient

In consideration of benefits provided for my/our medical treatment for injuries arising from my/our accident or illness on or about _____ (*date of incident*) and pursuant to the terms and conditions of the policy with Los Angeles Machinists Benefits Trust represented by Boehm & Associates, I/we and/or our dependents, agree to pay Los Angeles Machinists Benefits Trust for all benefits provided by the health plan for the treatment of injuries I/we received in said accident. I/we agree to allow Los Angeles Machinists Benefit Trust a lien against any and all sums recovered by means of settlement, verdict, judgment or otherwise on my/our claim or lawsuit against the parties causing said accident or illness and my/our injuries. Repayment of the benefits provided shall be paid from said sums recovered by such settlement, verdict or judgment.

I/We further authorize and direct my/our attorney to comply with the terms of this Reimbursement Agreement and allow a lien upon and to pay funds out of my/our attorney's trust account the full verdict or judgment of my claim or lawsuit. If I/we receive sums directly by means of settlement, verdict or judgment and said lien is not paid, I/we agree to pay the full amount of said lien from said sums.

I/We further agree that if my/our attorneys or I/we breach this Agreement and action is brought to collect the amount of said lien, or any part thereof, I/we will pay reasonable attorney's fees and costs incurred in any proceedings to enforce collection of these amounts.

Member's Signature

Date

Print or Type Member's Name

Patient's Signature (Or Parent if Patient is a Minor)

Date

Print or Type Patient's Name

ATTORNEY'S CERTIFICATION

I, the undersigned, am the attorney for the individual(s) who have signed this Reimbursement Agreement. I have explained the terms of the foregoing agreement and answered any questions which may have arisen concerning the effect of the signing of the aforementioned agreement. I will comply with the wishes of my client as expressed in the Reimbursement Agreement.

Dated: _____

Attorney