



AGREEMENT AS TO RESOLUTION OF CONCERNS

I understand that I am entering into a contractual relationship with Mikaila Gallagher, Resident, Luis Ortiz, Resident, Ilira Caboku, Resident, Michaele Snyder, OD, Marissa Cruz, OD, Laura Vandenberg, OD, Daniel Ochs, OD, Jessica Mark, OD, Eric Fazio, OD, Brian Szabo, DO, Eric Liss, MD, Luke Simon, MD, William Newsom, MD, James Jachimowicz, MD, Matthew Donovan, MD, David Garruto, MD, T. Hunter Newsom, MD / Newsom Eye & Laser Center for professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost and availability of medical care to patients and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by Mikaila Gallagher, Resident, Luis Ortiz, Resident, Ilira Caboku, Resident, Michaele Snyder, OD, Marissa Cruz, OD, Laura Vandenberg, OD, Daniel Ochs, OD, Jessica Mark, OD, Eric Fazio, OD, Brian Szabo, DO, Eric Liss, MD, Luke Simon, MD, William Newsom, MD, James Jachimowicz, MD, Matthew Donovan, MD, David Garruto, MD, T. Hunter Newsom, MD / Newsom Eye & Laser Center.

Should I initiate or pursue a meritorious medical malpractice Mikaila Gallagher, Resident, Luis Ortiz, Resident, Ilira Caboku, Resident, Michaele Snyder, OD, Marissa Cruz, OD, Laura Vandenberg, OD, Daniel Ochs, OD, Jessica Mark, OD, Eric Fazio, OD, Brian Szabo, DO, Eric Liss, MD, Luke Simon, MD, William Newsom, MD, James Jachimowicz, MD, Matthew Donovan, MD, David Garruto, MD, T. Hunter Newsom, MD / Newsom Eye & Laser Center - for professional care, I agree to use as expert witnesses (with respect to issues concerning the standard of care), only physicians who are board certified by the American Board of Medical Specialists in the same or similar Mikaila Gallagher, Resident, Luis Ortiz, Resident, Ilira Caboku, Resident, Michaele Snyder, OD, Marissa Cruz, OD, Laura Vandenberg, OD, Daniel Ochs, OD, Jessica Mark, OD, Eric Fazio, OD, Brian Szabo, DO, Eric Liss, MD, Luke Simon, MD, William Newsom, MD, James Jachimowicz, MD, Matthew Donovan, MD, David Garruto, MD, T. Hunter Newsom, MD / Newsom Eye & Laser Center. Further, I agree that these physicians retained by me or on my behalf to be an expert witness will be a member in good standing of the medical specialty society to which Mikaila Gallagher, Resident, Luis Ortiz, Resident, Ilira Caboku, Resident, Michaele Snyder, OD, Marissa Cruz, OD, Laura Vandenberg, OD, Daniel Ochs, OD, Jessica Mark, OD, Eric Fazio, OD, Brian Szabo, DO, Eric Liss, MD, Luke Simon, MD, William Newsom, MD, James Jachimowicz, MD, Matthew Donovan, MD, David Garruto, MD, T. Hunter Newsom, MD / Newsom Eye & Laser Center belongs. I agree the expert will be obligated to adhere to the guidelines or code of conduct defined by that physician's specialty society.

I agree to require any attorney I hire and any physician hired by me or on my behalf as an expert witness to agree to these provisions. In further consideration Mikaila Gallagher, Resident, Luis Ortiz, Resident, Ilira Caboku, Resident, Michaele Snyder, OD, Marissa Cruz, OD, Laura Vandenberg, OD, Daniel Ochs, OD, Jessica Mark, OD, Eric Fazio, OD, Brian Szabo, DO, Eric Liss, MD, Luke Simon, MD, William Newsom, MD, James Jachimowicz, MD, Matthew Donovan, MD, David Garruto, MD, T. Hunter Newsom, MD / Newsom Eye & Laser Center also agrees to exactly the same previously referenced stipulations.

Each party agrees that a conclusion by a specialty society affording due process to an expert will be treated as supporting evidence of a frivolous or meritless claim.

Patient and physician agree that this Agreement is binding upon them individually and their respective successors, assigns, representatives, personal representatives, spouses and other dependents.

Physician and patient agree that these provisions apply to any claim for medical malpractice whether based on a theory of contract, negligence, battery or any other theory of recovery.

Patient acknowledges that he/she has been given ample opportunity to read this agreement and to ask questions about it.

Date of Signature: _____

Patient Name: _____

Patient Signature : _____