Date: _____

To: _____, Esq.
_____ (Law Firm / Organization)
_____ (Address)

Re: Engagement of Anchor Clinical Consulting, PLLC — Matter: _____

Dear Counsel,

Thank you for reaching out to Anchor Clinical Consulting, PLLC. I am pleased to confirm my engagement to provide legal nurse consulting services in connection with the above-referenced matter. This letter sets forth the terms and conditions of our engagement. Please review carefully, sign where indicated, and return a countersigned copy along with the retainer to activate services.

SECTION 1 — SCOPE OF SERVICES

I will provide the following services as outlined in the Attorney Intake Form and agreed upon by the Parties: medical record review and chronology preparation; standard of care analysis; causation and mechanism of injury analysis; identification of qualified medical experts; support for deposition and trial preparation; and targeted medical literature research. All deliverables will be prepared under the protection of attorney-client privilege and attorney work product doctrine.

SECTION 2 — FEES & BILLING

SERVICE / ITEM	RATE / AMOUNT
Standard Hourly Rate	$_____ / hour
Deposition / Trial Support	$_____ / hour
Rush Surcharge (< 5 bus. days)	25% of applicable rate
Initial Retainer (non-refund.)	$_____
Expert Referral Fee	Per SOW / flat fee
Travel Expenses	Actual cost + pre-approval

Invoices are due within 30 days. Late balances accrue 1.5%/month. Returned checks: $35 fee.

SECTION 3 — RETAINER

Services will not commence until a signed copy of this letter and the initial retainer are received. The retainer will be applied to the first invoice(s). Any unused retainer balance at matter conclusion will be returned within fifteen (15) business days, unless otherwise agreed.

SECTION 4 — CONFIDENTIALITY & PRIVILEGE

All case materials, communications, and work product will be maintained in strict confidence. My engagement is intended to fall within the scope of attorney-client privilege and attorney work product doctrine. I will not disclose case information to any third party without your written authorization.

SECTION 5 — INDEPENDENT CONTRACTOR STATUS

I am an independent contractor, not an employee of your firm. I maintain my own professional liability coverage and am responsible for my own taxes. Nothing in this engagement creates an employment, partnership, or agency relationship.

SECTION 6 — TERMINATION

Either party may terminate this engagement upon thirty (30) days' written notice. You will be responsible for fees and expenses incurred through the effective date of termination. Immediate termination may occur if either party discovers a conflict of interest.

SECTION 7 — ACCEPTANCE

This letter shall constitute the agreement between Anchor Clinical Consulting, PLLC and your firm for the engagement described herein. A fully executed Consulting Services Agreement will follow and shall supplement these terms. Please sign and return one copy of this letter, along with your retainer payment, to activate services.

Sincerely,

Signature

Nicole Guzman, PMHNP-BC, MSN, Paramedic
Legal Nurse Consultant · Anchor Clinical Consulting, PLLC
(972) 845-8445 · nicole@anchorclinicalconsulting.com

ATTORNEY / CLIENT ACKNOWLEDGMENT

By signing below, the undersigned confirms agreement to the terms of this Engagement Letter and authorizes Anchor Clinical Consulting, PLLC to commence services upon receipt of the retainer.

Signature of Attorney / Authorized Representative

Printed Name

Title / Position

Date