EXHIBIT CC

STATE OF OHIO)
) SS.
COUNTY OF SUMMIT)

AFFIDAVIT

I, John Vallillo, J.D., LPCS, having been duly sworn, and having personal knowledge of the facts and statements contained herein, testify as follows:

1. I am greater than eighteen (18) years of age.

2. I have 37 years of experience in the insurance industry including positions at Kemper Insurance Company, Economy Fire and Casualty Company, Northeast Adjusting Services, Inc., and Auto Owner's Insurance Company.

3. I retired from Auto Owner's Insurance Company after 27 years of service. I have experience in all lines, property and casualty claims. I was the manager of the Akron branch of Auto Owner's for nine years.

4. I graduated from the University of Akron, School of Law in 2005 and was admitted to the bar in 2006. My Ohio State bar membership is currently inactive.

5. During my career of handling injury claims, it was well-known in the insurance industry that chiropractic offices would review publicly available accident reports for potential clients who may have been injured. It cannot be inferred that chiropractors solicited clients on behalf of specific lawyers or law firms. Chiropractors may refer or recommend patients to any number of attorneys or law firms upon request of the patient.

6. Insurance claims personnel are trained to consider each claimant who alleges injury as an individual with distinct symptoms and individualized treatment plans. Despite this, low impact accidents resulting soft tissue injuries requiring medical treatment more than likely look for chiropractic treatment initially and then may be referred to a physician specializing in more serious conditions. My experience with soft tissue claims revealed similar symptoms, diagnosis and common treatment regimens by almost all chiropractic providers. The objective of all claims

personnel is to allow an injured party to seek treatment so full recovery may be achieved as soon as possible. Settlement of these types of claims results in a closed file so claims personnel may move on to the next claim.

7. Statements of skepticism and increased scrutiny to Plaintiffs' attorneys by claims personnel are common negotiating tactics. Claims representatives look to resolve injury claims before they become expensive because of litigation costs and loss of time. Statements like these made to attorneys representing the injured parties are tactical in nature and are motivated by desire to move these cases to settlement. As part of the negotiation process, a claims representative may request a recorded statement from the injured party with permission of the attorney. The attorney has full discretion to allow or not allow such a statement. This decision is typically made on a case-by-case basis and is also accepted practice in the insurance industry. The bottom line for claims representatives is to settle the claim and properly compensate the injured party prior to suit being filed. The great majority of claims are settled in this manner and even if suit is filed, the vast majority of those cases settle prior to trial. This is particularly true where liability is not in dispute. If suit is filed, the rules of the Court govern the process of discovery for the involved parties and should result in obtaining information needed to conclude the matter in a transparent and clear manner.

8. Insurance claims personnel are not trained to be physicians but are expected to obtain all pertinent information in order to properly evaluate each claim prior to suit being filed. One of the tools of evaluation is obtaining a narrative report from treating physicians that provides basic information regarding the patient including a brief medical history, a record of the current injury or sickness including claimed and evident symptoms, a diagnosis by the treating physician, a record of the treatment regimen, and a prognosis of recovery. These reports also often include opinions regarding causation. Rather than deciphering volumes of medical records, the narrative report provides an efficient method of evaluating each claim and is a common document to be used by

both claims personnel and attorneys.

9. It is not unusual, nor may an improper relationship be inferred by an attorney's decision to obtain narrative reports in any soft tissue injury cases. Many insurance carriers request copies of narrative reports as a matter of course in evaluating injury claims. Therefore, it cannot be said that it is unusual or unreasonable for attorneys to request such reports as a matter of course. In my experience, the purpose of these reports is to help get the case resolved. It cannot be inferred that the purpose of the reports is to improperly divert client funds to a chiropractor.

10. When an insurance adjuster is reviewing the cost of medical care submitted in connection with a claim, the evaluation of whether a charge is reasonable is subject to the elements of proof in a particular jurisdiction and may be the subject of expert testimony by physicians or other medical care providers. In my experience, the discounted rates negotiated by Medicare or health insurance carriers are not the limit of a reasonable charge. Different health insurance providers may negotiate different amounts for payment for the same service, and many physicians only offer these discounted rates for health insurance purposes. The rates charged by physicians for similar services may vary in a significant manner and are not categorically unreasonable in the view of a third party claims professional simply because Medicare or a health insurance carrier will only pay a discounted rate. Further, the amount charged is often more than the amount accepted by physicians for payment. Thus, the determination of whether a particular payment to a medical care provider was reasonable would vary from claim to claim.

FURTHER AFFIANT SAYETH NAUGHT.

John Vallillo

SWORN TO BEFORE ME and subscribed in my presence this 13th day of June, 2019.

Cynthia M Caster
Notary Public

CYNTHIA M. CASTER
Attorney at Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.