

# [Health Care Provider Name, Clinic, Address, Number, Fax]

## FEE SCHEDULE

Effective as of \_\_\_\_\_, the following are our fees for Records Reviews, Narrative Reports (Declarations), Telephone Testimonials, Depositions and Court Testimonials:

### Records Reviews

\$ \_\_\_\_\_ (flat fee up to \_\_\_\_\_ pages)

### Declarations

For current and past patients, the rate is \$ \_\_\_\_\_ to be determined on a case to case basis determined by complexity.

### Telephone Testimonials / Conference

Price for telephone testimonials / conference is based on total time involved:

\$ \_\_\_\_\_ for first hour

\$ \_\_\_\_\_ each additional hour

Time counted includes review of records, preparation, seeing patient, and the actual testimonial. A quote will be given for the approximate number of hours needed upon the review of the chart.

### Depositions

Price is based on actual time in deposition, reviewing of records and preparation is included in price.

\$ \_\_\_\_\_ for first hour

\$ \_\_\_\_\_ for an additional 30 minutes

### Court Testimonial

\$ \_\_\_\_\_ base includes review of records, preparation and travel time.

\$ \_\_\_\_\_ first hour in court for time missed from clinic and testimonial

\$ \_\_\_\_\_ each additional hour

\*\* If travel time exceeds 30 minutes, an additional \$ \_\_\_\_\_ will be added for lost clinic time.

Any additional consultation or pre-depositional meetings are based on the rate of \$500 per hour

### Payment Policy

We require full pre-payment for telephone consultations, depositions and court testimonials at least 14 days (2 weeks) before the scheduled date.

### Refund Schedule / Cancellation Policy

For telephone consultations, depositions, and court testimonials scheduled to occur during **non-patient clinic time**, i.e., between \_\_\_\_\_ am/pm and \_\_\_\_\_ am/pm, the cancellation policy is as follows:

- $\geq$  14 days before scheduled date, 50% refund of pre-paid amount
  - 10-13 days before scheduled date, 25% of pre-paid amount
  - <10 days before scheduled date, no refunds of pre-paid amount
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I have read, understood and agree to the above payment and cancellation policy.

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Attorney Signature

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Date

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Attorney