

H Berryman Edwards, MD, FAPA

Terms and Fee Schedule for Independent Psychiatric Examination and Expert Testimony in the case of:

(Name of case or subject to be examined.)

1. I require a minimum of two weeks prior notice to schedule any conference or testimony.
2. My charges which will be billed to you are as follows. (This agreement applies to all services billed in relation to the case above for at least one year from the date signed.):
 - a. Record review: \$300.00 per hour.
 - b. Psychiatric examination: \$300.00 per hour, one hour minimum.
 - c. Failure to present for examination, or cancellation less than 24 hours prior to scheduled time of examination: \$300.00
 - d. Aborted examination: \$300.00 or charge for actual time of examination, whichever is greater.
 - e. Comprehensive printed narrative report of examination with answers to questions, formulation of opinion and/or recommendations based on examination: \$900.00.
 - f. Printed answers to questions, formulation of opinion and/or recommendations based on examination without comprehensive report. (Comprehensive report of examination will be prepared and kept on file. See #12 below.): \$700.00.
 - g. Non-printed communication of answers to questions, formulation of opinion and/or recommendations based on examination: \$600.00.
 - h. Comprehensive printed narrative report of examination with answers to questions, formulation of opinion and/or recommendations without examination: \$600.00.
 - i. Non-printed communication of answers to questions, formulation of opinion and/or recommendations without examination: \$300.00.
 - j. Forensic MMPI-2: \$175.00.
 - k. Conference: \$300.00 per hour.
 - l. Deposition: \$500.00 per hour.
 - m. Medical testimony before a judge or panel, video deposition in lieu of live testimony: \$800.00 per hour (min. \$800.00).
 - n. Time away from office for travel and/or waiting: \$300.00 per hour to a maximum of \$4,000.00 per 24 hours.
 - o. Actual out-of-pocket expenses for postage, travel, meals, lodging, air fare where applicable.
 - p. Clerical time: \$30.00 per hour.
 - q. Destruction of paper records: \$20.
 - r. Copies of records other than the original report, the greater of: Statutory maximum fees, or clerical search and handling fee of \$21.00 and \$0.91 per page for the first 30 pages and \$0.69 per page after the 30th page.
3. All examinations begin with administration of the Forensic MMPI-2.

H Berryman Edwards, MD, FAPA

14535 Bel-Red Road | Suite B-200 | Bellevue, WA 98007-3907
Phone: 425.637.1981 | Fax: 775.535.6172 | www.hbedwardsmd.com

4. Payment is the responsibility of attorney, employer, or other party scheduling the examination, not the subject of the examination, and must be made within 30 days of provision of the services except as provided below. If the party scheduling the examination does not wish to assume responsibility for payment, the responsible party must indicate agreement to these terms by signing below. The responsible party agrees to pay interest on uncollected balance more than 30 days past due at the rate of 1.5% per month, but not to exceed the maximum rate permitted by law.
5. Estimated payment of charges for testimony in court (minimum \$800.00) will be paid in advance of appearance.
6. Any unused advances will be refunded.
7. In the event that any scheduled conference, deposition or witness appearance involving me is canceled for whatever reason, I am to be paid at the rate of \$300.00 per hour (to a maximum of \$3,000.00 per 24 hour period) for the time set aside by me at your request unless you advise me of such cancellation three business days in advance.
8. If opposing counsel wishes to depose me, I will require payment before scheduling unless you agree in advance in writing to be responsible for payment for deposition.
9. If you wish me to review depositions please send them via fax or on digital media.
10. Review of all relevant medical records prior to examination can be critical to strong testimony. The subject may be required to direct their treatment providers to release the records. Previously unidentified treatment providers, whose records must be obtained prior to completion of the report, may be discovered during the live examination.
11. Because use of digital records will greatly increase efficiency of record review and greatly decrease associated cost to you, please send complete medical records via fax or on digital media. Please place paper records in a loose leaf binder. Please remove duplicates and organize them by author and date. Redacted records are not acceptable.
12. Employers please indicate whether you want the complete report or answers to questions only pursuant to the “minimum necessary” requirement.
13. The office is not wheelchair accessible. Please inform us of special needs at the time of scheduling. These include but are not limited to interpreter, audio recording, and representative to accompany subject. The party scheduling the examination is responsible for providing an interpreter. If audio recording is allowed, I will make my own recording as well. Written consent of all present must be obtained prior to examination.
14. A retainer is required before examination will be scheduled: \$2,000.00. (\$1,500 if no examination is scheduled.)
15. The subject will be required to sign a form consenting to examination and authorizing release of information before the examination starts. (If the subject refuses to sign, the examination will not be started but will be charged as a failure to present.)
16. Please be aware that HIPAA and other statutes governing release of medical records may require release of forensic reports to subjects of examination.

Please sign below and return with retainer in the amount specified above.

I accept the above provisions.

Signature

Date

Representative Name & Title

Name of Subject of Examination

Firm or Company

Address

Address

Telephone