

LAWSON F. BERNSTEIN, JR., M.D.

FEE SCHEDULE, NOTIFICATION AND CANCELLATION POLICY

(Revised 1/05/10 PLEASE READ THIS CAREFULLY)

Federal Tax ID # 25-1762150

Lawson F. Bernstein, M.D., P.C.
P O Box 81977
Pittsburgh, Pennsylvania 15217

Administrative Assistant Mary Quinlisk 412 600-7996
Office Fax 412 422-5203

Case Name: LFB #

1. Hourly rate for file review, trial preparation, other: \$500/hr (\$550/hr for < 96 hr/4 business days turn around)
2. Standard IME report fee: minimum \$3000, general range \$3000-\$5000 depending on the records to review, fee greater for voluminous records.
3. Deposition/testimony :
 - A. Flat fee for workers' compensation deposition = \$1900
 - B. Flat fee for all other depositions < 4 hours = \$3000, then \$500/h thereafter including any travel time.
 - C. Flat fee for local live court testimony (less than 90 highway miles Pittsburgh), one calendar day or part thereof = \$6000 / day.
 - D. Flat fee for out-of-town live testimony (greater than 90 highway miles from Pittsburgh or requiring air-travel), one calendar day or part thereof = \$8500 / day.
 - E. Minimum video deposition fee = \$4500
 - F. Deposition/testimony prepayment due no less than 2 weeks prior to date of appearance.
4. Proposed dates for IMEs and/or depositions requested by you and subsequently provided by my office will be held unconfirmed for no more than 2 weeks from the calendar date they are provided to you.

5. Formal written notice for trial and/or deposition dates must be given no less than 4 calendar weeks in advance of proposed appearance, or my appearance cannot necessarily be guaranteed.
6. Trial and deposition prep fees are billed separately from appearance fee. Testimony prep begins at least 4 weeks pre-appearance. These fees are non-refundable.
7. Prepayment & Cancelled Deposition fees - Prepayment by certified check no later than 2 weeks prior to deposition. Cancellation less than 7 calendar days notice = \$2000, less than 96 hr notice (4 calendar days) = fee in full. Notice is determined from 8am on original date of scheduled testimony.
8. Cancelled workers' compensation deposition (notice is determined from @ 8am on date of exam) < 4 calendar days notice = \$1000
9. Prepayment & Cancelled Court testimony - Prepayment by certified check no later than 2 weeks prior to deposition, cancellation less than 7 calendar days notice = \$3500 (out of town = \$5000), < 96 hr notice (4 calendar days) = fee in full. (Notice is determined from 8 am on original 1st day of trial)
10. Cancelled IME (notice is determined from @ 8am on date of exam) < 5 calendar days notice = \$1500; < 24 hr/ one calendar day notice = \$3000: No-show for IME = \$3000
11. MMPI-2 personality/malingering psych testing & report = \$500
12. All travel expenses (car rental or mileage, air travel, hotel, etc) are to be paid at least 2 weeks in advance by the client.
13. Retainer of \$3000.00 due at onset of this matter, prior to beginning of any work.
14. A formal written notice at least 8 weeks prior to any proposed trial or deposition date is required or an appearance date cannot be guaranteed.
15. Failure to adhere to any aspect of items #1-11 will result in my immediate withdrawal from the case. ALL FEES PAYABLE IN ADVANCE Bills unpaid > 60 days from date posted may incur additional penalties or may be submitted for collection. Please read, sign and fax back.
16. ELECTRONIC DOCUMENT TRANSFER - No more than 100 pages of documents per forensic case can be sent to this office via electronic document transfer. All other case records must be sent as printed documents to my office. By request, this office will prepare an estimate for document printing. This estimate must be prepaid prior to document printing. Document printing costs are not covered by the initial case retainer.

"I understand this fee schedule is a written contract between myself and/or the organization I represent and Lawson F. Bernstein, MD, PC. I have reviewed this fee schedule in its' entirety. My signature denotes formal receipt and acceptance of this fee schedule."

Signature:

Date:

- PLEASE REFER TO INVOICE/ESTIMATE NUMBER IN ALL BILLING CORRESPONDENCE
- CASE ESTIMATE PROVIDED ON REQUEST.