DEPOSITION FEE SCHEDULE/ MEDICAL FEE SCHEDULE

9080 Post RD Suite 200
Las Vegas, NV  89148
(702) 739-4263 Phone
(877) 739-3590 Fax

“Touching Hands. Healing Hands.”

DEPOSITIONS- 99075  $1,100/HR   (If travel is needed cost may vary)
REVIEW OF MEDICAL RECORDS-  99199  $275 per 15 min incr.
INDEPENDENT MEDICAL EXAM (TREATING PHYSICIAN)-:99455 $1000
INDEPENDENT MEDICAL EXAMS (NONTREATING PHYSICIAN)-:99456   $1250 (LETTER SEPARATE)
LETTERS/MEDICAL OPINIONS-:99080$250 - $800*
*(DEPENDING ON DETAILS REQUESTED AND TIME SPENT PREPARING $1250 FOR FIRST INCH AND $1000 FOR EACH ADDITIONAL INCH).
XRAYS.
73110 WRIST $200.00    73090 FOREARM $150.00       73130 HAND VIEWS $175.00
73140 FINGER $175.00   73080 ELBOW $180.00
EXPERT WITNESS FEE TO TESTIFY AT TRIAL: $3000 FOR BLOCK OF (4 HOURS).
                     $6000 FOR FULL DAY (8 HOURS).

PHONE CONSULTATIONS-  99199: $900 per hour.

MEETINGS- $450 FOR 30 MINUTES; $900 PER HOUR

** Payment should be received in the office 5 days prior to the deposition. If not received by date of deposition, a 50% late fee will be charged. Must be paid 5 days in advance, otherwise appointment will be rescheduled. $1,500 will be charged for rescheduling or canceling.

CANCELLATION POLICY: Between 5 days to 72 hours: 50% refund.
Within 72 – 48 hours: 25% refund.
Less than 48 hours notice: No refund.

Make checks payable to: Jonathan R. Sorelle, M.D. PLLC
Please sign below in acknowledgment of fees and fax back to: (877)739-3590

Name: ____________________________

Signature: _________________________ Date: ___________________________