The Minimally Invasive Hand Institute

"Touching Hands. Healing Hands."

DEPOSITION FEE SCHEDULE/ MEDICAL FEE SCHEDULE

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

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 acknowledgement of fees and fax back to: **(877)739-3590**

Name: _____

Signature: _____ Date: _____