

# CAROL V. ANDERSON Ph.D.™

## FINANCIAL AGREEMENT

TAX ID#75-3238650

**Carol V. Anderson, Ph.D., ABPP-CN**  
3670 S. 25<sup>th</sup> E. Suite 2, Idaho Falls, ID 83404  
Office phone: (208) 522-3404; FAX: (208) 524-1093

**E-mail: dr.carol.anderson@psychcenterif.com**

Please carefully review each item below, initial at the bottom of each section, and sign and date at the bottom of this document. By affixing your initials to each section and signing this document, you are stating that you understand this agreement and will abide by these policies as set forth. After reviewing the document, please return the entire document to Dr. Anderson, along with your retainer.

### **Neuropsychological Testing Retainer**

**\$4,200.00**

A retainer fee of \$4,200.00, along with this signed Financial Agreement, must be returned to the above address in order to have Dr. Anderson retained on this legal case. The \$4,200.00 is a non-refundable retainer from which Dr. Anderson will draw from at her hourly rate of \$350/hour. The retainer covers **12 hours** and may include services such as records review, conferences with attorneys, neuropsychological testing, and report writing. Additional time (beyond 12 hours), if required, will be billed after report completion. Please be aware that time is scheduled and billed in 30-minute increments for direct patient contact. Dr. Anderson bills in 15-minute increments for records review, collateral contact, and attorney consultations (telephone or in-person).

**No patient’s appointment(s) will be confirmed until the retainer has been received. If the retainer has not been received one week prior to the scheduled appointment(s) then the appointment(s) shall be considered unconfirmed and will be cancelled.**

### **Cancellation Policy:**

Any evaluation appointment that is cancelled within one week (five business days) of the scheduled appointment will forfeit the retainer fee. This is a fee that will not apply toward rescheduling the appointment or toward future charges.

\_\_\_\_\_ **Initials**

### **Deposition Retainer**

**\$500.00/hour—3 hour minimum**

A retainer fee of \$500.00 per scheduled hour is required when scheduling a deposition with Dr. Anderson. Scheduled deposition time must include a minimum of 3 hours. If the retainer fee is not received by one week prior to the deposition date, other appointments may be scheduled in its place. Please note that there is no refund for unused scheduled deposition time, but any additional time needed beyond the scheduled time may not be available. Please schedule accordingly. Any balance that is unpaid by opposing counsel (when opposing counsel is paying for deposition time), will be billed to the client’s attorney.

\_\_\_\_\_ **Initials**

**Pre-/Post- Deposition Work**

**\$350.00/hour**

Please note that if a pre-deposition meeting is requested, this will need to be scheduled AT THE TIME of the scheduling of the deposition. Otherwise, Dr. Anderson’s schedule may not be able to accommodate such a meeting. Pre- and post- deposition time (including deposition preparation/case review, attorney consultation, and deposition transcript review/edit) will be billed to the patient’s attorney at \$350/hour.

\_\_\_\_\_ **Initials**

**Cancellation Policy:**

Any deposition that is cancelled within one week (five business days) of the scheduled appointment will forfeit the retainer fee. This is a fee that will not apply toward rescheduling the deposition or toward future charges.

\_\_\_\_\_ **Initials**

**Trial Testimony Retainer (Local-Idaho Falls)**

**\$500.00/hour**

A retainer fee equal to the scheduled number of hours is required when scheduling Dr. Anderson for trial preparation and/or appearance. If the fee is not received within one week of the trial date, other appointments may be scheduled in its place.

\_\_\_\_\_ **Initials**

**Cancellation Policy:**

Any cancellation of Dr. Anderson’s appearance within one week (five business days) of the scheduled trial will forfeit the retainer fee. This is a fee that will not apply toward rescheduling or toward future charges.

\_\_\_\_\_ **Initials**

**Travel Reimbursement and Fees Retainer**

**\$5,000.00/day + travel expenses**

If it is necessary for Dr. Anderson to travel for deposition or for trial appearance, a retainer fee for Dr. Anderson’s travel is required one week prior to travel. If travel arrangements are made with less than a week’s notice, the retainer is required the day before travel is to take place. A retainer request will be faxed or e-mailed to your office with the amount required. This request represents the cost of airfare, hotel accommodations, parking, rental car (if applicable), and Dr. Anderson’s daily consultation fees of \$5,000.00/day (\$500/hour x 10-hour travel day). Meals and other miscellaneous items will be billed to your firm upon completion of the travel, if applicable. If the fee is not received within one week prior to travel, other appointments may be scheduled in its place.

**Cancellation Policy:**

If travel is cancelled within one week (five business days) of the scheduled departure, the day consultation fees from the retainer will be forfeited and will not be used toward rescheduling or future charges.

---

**Attorney’s Signature**

**Date**

---

**Attorney’s Printed Name**