

CAROL V. ANDERSON^{Ph.D.}[™]

FINANCIAL AGREEMENT

TAX ID#75-3238650

Carol V. Anderson, Ph.D., ABPP-CN
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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

\$6,500.00*

A retainer fee of \$6,500.00, 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 \$6,500.00 is a non-refundable retainer from which Dr. Anderson will draw from at her hourly rate of \$425.00/hour. The retainer covers up to **14 hours** and may include services such as records review, conferences with attorneys, neuropsychological testing, and report writing, plus travel time. **Additional time (beyond 14 hours), if required, will be billed after report completion.** Expenses incurred for the cost of lodging, ground transportation, parking, office space, meals and other miscellaneous items will be billed to your firm upon completion of the report. *The balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee* Please be aware that time is scheduled and billed in 30-minute increments for direct client contact. Dr. Anderson bills in 15-minute increments for records review, collateral contact, and attorney consultations (telephone, Zoom, or in-person).

No client's appointment(s) will be confirmed until the retainer has been received. If the retainer has not been received four weeks prior to the scheduled appointment(s) then the appointment(s) shall be considered unconfirmed and will be canceled.

_____ **Initials**

Cancellation Policy:

Any evaluation that is canceled by the referring party (or client) within one month (30 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**

***Travel Expenses for (Out-of-State) Neuropsychological Testing—Fee**

The \$6,500.00 retainer includes a \$550.00 fee which is required to cover Dr. Anderson's travel time. (Travel expenses incurred will be billed to your firm upon completion of the report.) Testing in Nevada is offered

solely as a potential convenience for clients who live in/closer to Nevada so that they are not required to travel to Idaho. *This additional fee is NOT charged for testing done in Dr. Anderson's primary office/residence location (Idaho).*

_____ **Initials**

Deposition Retainer

\$550.00/hour

A retainer fee of \$550.00 per scheduled hour (including travel time, if applicable) is required when scheduling a deposition with Dr. Anderson. If the retainer fee is not received two weeks 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 will be billed to the client's attorney. Please note that an additional expense fee is charged when a deposition in Nevada is conducted. No expense fee is charged if the deposition is conducted in Idaho or via Zoom.

_____ **Initials**

Cancellation Policy:

Any deposition that is canceled 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.

_____ **Initials**

Trial Retainer (Outside of Idaho)

\$5500.00/day + travel expenses

If it is necessary for Dr. Anderson to travel (outside of Idaho) for trial appearance, a retainer fee for Dr. Anderson's travel is required two weeks prior to travel. A retainer request will be e-mailed to your office with the amount required. This request represents the cost of airfare, hotel accommodations, and Dr. Anderson's daily consultation fees of \$5,500.00/day (\$550/hour; 10 hour day). Meals, ground transportation, and other miscellaneous items will be billed to your firm upon completion of the travel, if applicable. If the fee is not received within two weeks prior to travel, other appointments may be scheduled in its place.

_____ **Initials**

Cancellation Policy:

If travel is canceled within two weeks (ten business days) of the scheduled departure, the daily consultation fees from the retainer will be forfeited and will not be used toward rescheduling or future charges.

_____ **Initials**

Attorney's Signature

Date

Attorney's Printed Name