

CAROL V. ANDERSON^{Ph.D.™}

FEE SCHEDULE

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SERVICE DESCRIPTION	FEE
<p>Records Review</p> <p>The estimated retainer amount is a non-refundable retainer from which Dr. Anderson will draw from at her hourly rate of \$425.00/hour and is determined based on the amount of records to review. The retainer may include services such as records review, conferences with attorneys, and report writing. Additional time (beyond estimated hours), if required, will be billed after report completion.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$425.00/ hour</p> <p>Retainer is estimated based on the quantity of records to be reviewed</p> <p>+ any additional time beyond the hours estimated for the retainer billed at \$425.00/hour after report completion</p>
<p>Neuropsychological Testing - Idaho Falls Office</p> <p>\$5,950.00 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. Additional time (beyond 14 hours), if required, will be billed after report completion. 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 or in-person).</p> <p>Cancellation Policy: Any evaluation appointment that is canceled within two weeks (ten 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.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$5,950.00 retainer</p> <p>+ any additional time beyond 14 hours billed at \$425.00/hour after report completion</p>

<p>Neuropsychological Testing - Outside of Idaho Falls (i.e. PSYPACT states)</p> <p>\$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. 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).</p> <p>Cancellation Policy: Any evaluation that is canceled by the referring party (or client) within two weeks (ten 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.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$6,500.00 retainer</p> <p>Includes \$600 for travel time</p> <p>+ any additional time beyond 14 hours billed at \$425.00/hour after report completion</p> <p>+cost of travel expenses billed at report completion</p>
<p>Psychological Testing</p> <p>The estimated retainer amount 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 6 hours and may include services such as records review, conferences with attorneys, neuropsychological testing, and report writing, plus travel time. Expenses incurred for the cost of lodging, ground transportation, parking, office space, meals and other miscellaneous items will be billed upon completion of the report. Additional time (beyond 6 hours), if required, will be billed after report completion. 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 or in-person).</p> <p>Cancellation Policy: Any evaluation that is canceled by the referring party (or client) within two weeks (ten 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.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$3,100.00 retainer</p> <p>Includes \$550.00 for travel time</p> <p>+ any additional time beyond 6 hours billed at \$425.00/hour after report completion</p> <p>+cost of travel expenses billed at report completion</p>

<p>Pre/Post - Deposition Work</p> <p>Pre- and post- deposition time (including deposition preparation/case review, attorney consultation, and deposition transcript review/edit) will be billed to the client's attorney.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$425.00/hour</p>
<p>Deposition - Idaho Falls</p> <p>A retainer fee of \$550.00 per hour is required when scheduling a deposition with Dr. Anderson. Scheduled deposition time must include a <u>minimum of 3 hours</u>. 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. <u>Please schedule accordingly</u>. Any balance that is unpaid by opposing counsel (when opposing counsel is paying for the deposition time), will be billed to the client's attorney.</p> <p>Cancellation Policy: Any deposition that is canceled within two weeks (ten 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.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$550.00/hour</p> <p>3 hour minimum</p>
<p>Deposition - Outside of Idaho Falls</p> <p>If it is necessary for Dr. Anderson to travel (outside of Idaho Falls) for deposition 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. If the fee is not received two weeks prior to travel, other appointments may be scheduled in its place.</p> <p>Cancellation Policy: Any deposition that is canceled within two weeks (ten business days) of the scheduled appointment will forfeit the retainer fee. This is a fee that will not apply toward rescheduling the deposition.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$550.00/hour</p> <p>+ travel expenses (airfare, hotel, meals, parking, car rental, etc.)</p>

<p>Trial Testimony - Idaho Falls</p> <p>A retainer fee equal to the scheduled number of hours is required when scheduling Dr. Anderson for trial preparation and/or appearance plus any travel expense (including travel time) if the trial is outside of Idaho Falls. If additional time is required beyond what was covered in the paid retainer the balance will be billed to the attorney after the trial.</p> <p>Cancellation Policy: Any cancellation of Dr. Anderson's appearance within two weeks (ten 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.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$550.00/hour</p>
<p>Travel Trial Testimony - Outside of Idaho Falls</p> <p>If it is necessary for Dr. Anderson to travel (outside of Idaho Falls) 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.</p> <p>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.</p> <p>Late Payment Policy: Any balance due must be paid within 30 days of invoice receipt. Any unpaid balance after 30 days will incur a 6% late fee.</p>	<p>\$5,500.00/day</p> <p>+ travel expenses (airfare, hotel, meals, parking, car rental, etc.)</p>