



Center for Complex Conditions

102 Smithfield Avenue
Pawtucket, RI 02860
(401) 729 - 4985 / (401) 729 - 6019 (fax)
Email: painri@yahoo.com
Web site: www.painri.com

INDEPENDENT MEDICAL EXAMINATION (IME): This is charged at a rate of \$1000 for most reports involving 2 hours of work. If the IME is complex and involves extensive time (more than 2 hours), the rate is \$500 per hour. This amount includes all transcription costs, and communication with pertinent lawyers or other consultants. As a courtesy, I will review limited medical records that arrive on or before the day of the IME. "Limited" is defined as less than 1 inch of medical records (including cover letter, dividers, etc.). After the first 1" of records, there is a fee of \$250 per inch. Files sent on a flash drive or electronically: After the first 200 pages, there is a fee of \$250 per 200 pages. Fees must be paid within 10 days of receiving the invoice after which there will be a \$10 per day fee added to the invoice. I cannot accept payments by credit card

Please be specific as to the questions that need to be addressed. I will ensure that they are answered to the best of my knowledge. If you have additional new questions, after I submit my report, I will need to go through the medical records again. There is an additional \$250 per question for the time involved in re-reviewing the records to answer the additional questions.

Deposition: This is charged at the rate of \$2000 per hour, with a minimum charge of 2 hours (\$4,000). All charges to be paid in advance at the time of booking a time for the deposition. Please note that I cannot book time for a deposition unless all charges are made. If the deposition continues longer than the booked time, then the deposition will be stopped, a check for the next 1 hours written out before continuing with the deposition.

COURT APPEARANCE: My charge for a court or arbitration appearance is \$7,500. In the event of the need for travel, relevant costs (airline ticket, food, etc.) will be billed in addition. Please note that the above fees include pre-trial meetings on the day of my courtroom appearance.

If the deposition is in a location greater than 20 miles from my office or out of state (RI), all costs including travel, hotel and transportation will be borne by the hiring entity.

RECORD REVIEW: For record reviews, and we charge a rate of \$800 per hour. I appreciate the fact that an open-ended commitment in regard to reimbursement is difficult to make. For that reason, I have instituted a cap of \$2,000 for the review along with a completed report, though it is usually less. In exceptional



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cases that involve voluminous records, I will not commence until I have contacted and received approval from you.

FEES FOR CANCELLATION:

Cancellation or postponement of a TRIAL OR ARBITRATION with more than 10 business days' notice: There is a charge of \$1000.

Cancellation or postponement of a TRIAL OR ARBITRATION with 5-10 business days' notice: There is a full day charge. The scheduling attorney/firm is responsible the \$7500 fee.

Cancellation or postponement of a TRIAL OR ARBITRATION with less than 5 business days' notice: There is a full day charge including any travel, hotel expenses. The scheduling attorney/firm is responsible the \$7500 fee.

Cancellation or postponement of a TRIAL OR ARBITRATION with NO prior notice: There is a full day charge including any travel, hotel expenses. The scheduling attorney/firm is responsible the \$7500 fee.

Cancellation or postponement of a DEPOSITION more than 20 business days' notice: No bill will be submitted.

Cancellation or postponement of a DEPOSITION with 5-20 business days' notice: A bill for half of the allotted time will be submitted. The scheduling attorney/firm is responsible for that amount.

Cancellation or postponement of a DEPOSITION with less than 5 business days' notice: A bill for the entire amount will be submitted. The scheduling attorney/firm is responsible for that amount.

Cancellation or postponement of a DEPOSITION with NO prior notice: In the event of my arrival for a deposition that has been cancelled or postponed without any notification, a bill for the entire amount will be submitted. The scheduling attorney/firm is responsible for that amount.

Cancellation or postponement of an IME with 5-10 business days' notice: A bill for one-quarter of the IME cost will be submitted. The scheduling attorney/firm is responsible for that amount.

Cancellation or postponement of an IME with less than 5 business days' notice: A bill for one-half of the IME will be submitted. The scheduling attorney/firm is responsible for that amount.



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Cancellation or postponement of an IME with NO prior notice: In the event of an IME that has been cancelled or postponed without any notification or no show by the claimant, a bill for the entire amount will be submitted. The scheduling attorney/firm is responsible for that amount.

This is the final fee schedule document. It supersedes any subsequent telephone, emails or verbal and written communication on this matter. Please do not call or email us to confirm what is written above.