

FINANCIAL POLICY AND AGREEMENT FOR FORENSIC CONSULTATIONS

FEES

The fee for psychological consultation and testimony in forensic cases is \$150 per hour, and is charged for all time required to prepare an opinion in the case. Forensic consultations typically involve reviewing documents or evaluations prepared by other professionals, and comparing them to some standard. Activities might include reviewing records; reviewing psychological testing; consultation with your attorney; giving depositions; reviewing relevant literature; report preparation; and court appearance, including travel time. If out-of-town travel is involved, expenses will be added. Please note that the fees charged are for professional time and expertise, and do not influence professional judgment. Copying of file documents is done at 50 cents per page.

PAYMENT

For court-related consultation I require payment of a retainer of \$1000 prior to beginning the process. Any unused amount will be refunded. I require any balance to be paid before the report is released.

- I require payment for time set aside for court appearance in advance of the court appearance. Charges for court or deposition appearance include time for preparation and travel. Most testimony requires 3 hours for preparation to review the file. Payment should accompany notification to appear. Payment should be for a minimum of a half day away from the office and 3 hours of preparation time (total of 7 hours) unless it is likely that I will need to be out of the office for a full day, in which case payment should be for 8 hours plus 3 hours of preparation time. Any overpayment will be credited to your account, and returned at the end of proceedings. Scheduled court or deposition appearances that are cancelled less than 3 business days in advance are not refundable.
- Out-of-town work is compensated at the above rate for all time I am required to be away from my office, up to 8 hours per day, payable in advance. Actual travel costs will be charged to the case, and the estimated costs are payable in advance.
- Services will be billed periodically, and payment will be required within 15 days.
- Work on the evaluation will only progress when the account has a credit balance of at least \$500.
- Health insurance does not cover court-required evaluations since they are not considered medically necessary.
- **I require a valid credit card to be on file with authorization to charge to bring the account into compliance with the terms above if payment isn't received within 15 days of the mailing date of an account statement.**

Collection of unpaid fees

In addition to halting progress of the evaluation, any overdue, unpaid fees will be charged interest at a rate of 18% per annum (1.5% per month). By signing this document, you agree to pay this interest charge.

Accounts overdue for 60 days will be referred to collections. By signing this agreement, you agree to pay charges or commissions up to 50% that may be assessed by any collection agency retained by Dr. Wehl to pursue collection, and all attorneys' fees, court costs and filing fees, arising out of efforts to collect unpaid fees.

I have read both pages of this document, had the opportunity to discuss it with my attorney, and agree to proceed with this forensic consultation under these financial conditions. I have read, understood, and agree to the terms of this agreement. I also agree to permit a copy of this authorization to be used in place of the original.

Required credit card to be used to bring my account current (including replenishing the deposit) 15 days after statement mailing date. I also authorize Dr. Wehl to validate this card by making a nominal charge which will be credited to my account.

Visa Mastercard Amex (circle one). # _____ Exp: _____
card number

3 or 4 digit Card Security Code _____ Billing zip code for card: _____

I HAVE READ THE INFORMATION IN THIS DOCUMENT AND CONSENT TO ABIDE BY ITS TERMS.

Signature of Responsible Party

Date

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(801) 350-0115

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FAX (801) 350-9582

Clinical Psychologist
Salt Lake City, Utah 84102
Chris@ChrisWehl.com

BILLING INFORMATION

RESPONSIBLE PARTY (Statements will be sent to)

This must be the person signing fee agreement as responsible party

Name: _____ Email _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Home) Phone: _____ X _____ (Work)