
CHILD NEUROLOGY CONSULTING, LLC

Stephen L. Nelson, MD, PhD, FAACPDM, FAAN, FAAP, FANA

Diplomate of the American Board of Psychiatry and Neurology

Diplomate of the American Board of Pediatrics

FEE SCHEDULE (UPDATED 1/1/2022)

Retainer Fee.....	\$3000
Hourly Rate (i.e. reviews, research, conferences, correspondence).....	\$600
Independent Medical Exam.....	\$2000 (up to 2 hrs; hourly rate thereafter)
Deposition Attendance (per day).....	\$3000 (up to 2 hrs; \$750/hr thereafter)
Trial Attendance (per day).....	\$7500
Travel Time (>2hrs roundtrip).....	\$4000 (or hourly rate if <2hrs)

ADDITIONAL POLICY

1. Retainer. A retainer fee is required for each individual case and must be received before Dr. Nelson begins any review regardless of the immediate availability or accessibility of your materials/records.
2. Travel Expenses. Include airfare, lodging, meals, ground transportation, parking, and other services required to perform requested additional duties. Travel expense is billed in addition to travel time.
3. Attendance in person, phone, or videoconference. To schedule and confirm a requested date for IME, deposition, or trial, advance payment is required and must be received before the event.
4. Cancellation Fee. Dr. Nelson blocks all clinic and teaching hours to accommodate requested attendance. Because of commitments made in advance, cancellation of services within 10 business days prior to the scheduled event or departure flight will result in a 50% cancellation fee in addition to time spent preparing for the case plus any nonrefundable travel-related expenses. Cancellations made within 5 business days are 100% nonrefundable. Receipts will be provided as appropriate.
5. Expedited Service. Dr. Nelson requires at least three weeks for a complete record review, verbal or written report, deposition, or trial testimony. An expedited service (less than 3 weeks) may be granted on a case-by-case basis only. If granted, it will be an additional \$1000 service fee per case.

I have reviewed Dr. Nelson's fee schedule and confirm my agreement by my signature below.

Name: _____ Signature: _____ Date: _____