

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 **\$5,950.00**

A retainer fee of \$5,950.00 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 \$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 or psychological testing, and report writing. Additional time (beyond 14 hours), if required, will be billed after report completion. *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 two weeks prior to the scheduled appointment(s) then the appointment(s) shall be considered unconfirmed and will be canceled.

_____ **Initials**

Cancellation Policy:

Any evaluation appointment 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 appointment or toward future charges.

_____ **Initials**

Deposition Retainer **\$550.00/hour—3 hour minimum**

A retainer fee of \$550.00 per scheduled hour is required when scheduling a deposition with Dr. Anderson. Scheduled deposition time must include a ***minimum of 3 hours***. 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 (when opposing counsel is paying for deposition time), will be billed to the client's attorney.

_____ **Initials**

Deposition Travel Fee **\$425.00/hour**

A travel fee of \$425.00 per scheduled hour of expected travel time is required as part of the total retainer for Idaho depositions that are to take place outside of Idaho Falls.

_____ **Initials**

Pre- Deposition Consultation **\$425.00/hour**

Please note that if a pre-deposition meeting is requested, this will need to be scheduled AT THE TIME of scheduling of the deposition. Otherwise, Dr. Anderson's schedule may not be able to accommodate such a meeting. 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 at \$425.00/hour.

_____ **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 or toward future charges.

_____ **Initials**

Trial Testimony Retainer (Local-Idaho Falls) **\$550.00/hour**

A retainer fee equal to the scheduled number of hours is required when scheduling Dr. Anderson for trial appearance. If the fee is not received within two weeks of the trial date, other appointments may be scheduled in its place.

_____ **Initials**

Cancellation Policy:

Any cancellation of Dr. Anderson's appearance within one week (five 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.

_____ **Initials**

Trial Travel Fee **\$425.00/hour**

If it is necessary for Dr. Anderson to travel for an Idaho trial appearance, a retainer fee for Dr. Anderson's travel is required two weeks prior to travel. If the fee is not received within two weeks prior to travel, other appointments may be scheduled in its place.

Client Name: _____

Cancellation Policy:

If travel is canceled within one week (five business days) of the scheduled departure, the day 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