

Aventura • Weston • Coral Gables Miami-Dade (305) 936-1002 Broward (954) 753-1112 Fax (305) 936-1022

## Forensic/Legal Services Policies and Fees

Payment for Forensic/Legal services is \$225 per 45-minute session. Additional services are billed in 15-minute increments. Prior to the beginning of this process, determination will be made as to how payment will be made and by whom. Treatment services include in office meetings with parent(s) and/or child(ren). Additional treatment services include consultations, video conferences, telephone contact and email contact with authorized parties (i.e., attorney, school, parents, parent coordinator, guardian-ad-litem, etc.). Time spent reviewing records and preparing reports/letters, preparing for depositions/court appearance, or any other services rendered by the treatment provider in this matter are also included.

If services involve court appearances or a deposition, the fees are \$300 per hour with legal travel fees at \$100 per hour (portal to portal). The parent requesting the treatment provider to appear in Court or a provide a deposition will be responsible for a minimum fee of 2 hours or the time frame requested for the provider to be available (plus travel costs if at a different location than the provider's office), payable 72 hours (3 business days) prior to the date of the required Court appearance or deposition. Cancellations less than 24 hours for court or any scheduled appointment will incur the full fee regardless of whether or not the provider testifies in court that day or provides the service.

Either a credit card on file or a retainer in the amount of \$2,500 is required for services rendered. The credit card will be billed at the time of the service (with the exception of court/depositions which will be billed 72 business hours prior to the date). If a retainer is provided, once the balance falls below \$300 (credit), an additional retainer of \$2,500 will need to be provided to avoid a disruption in services. These services cannot, and will not, be billed to any health insurance provider for reimbursement.

If the retainer is not replenished or the credit card is not working, any amounts not paid within 30 days at the time of services, shall incur interest at the rate of eighteen percent (18%) per annum and computed monthly. A lien for the amount of the fee and expenses advanced shall exist in favor of the said provider, and said lien continues if said treatment provider is discharged. Failure to pay amount billed within thirty (30) days will be the basis for the treatment provider to withdraw from further services, and to do so without objection or complaint from the parent with a remaining balance. If you have any further questions, do not hesitate to discuss this directly with your treatment provider.

Patient(s) Name:	DOB:				
Parent 1: Signature			0.4	Date:	
Responsible for payment [	] No [	] Yes- If Yes,	% responsible [	] Retainer [	] CC on file
Parent 2 Signature				Date:	
Responsible for payment [	] No [	] Yes - If Yes,	% responsible [	] Retainer [	CC on file