

Mindspring Health Inc.

1074 Ponce De Leon Ave NE Atlanta, GA 30306 404-333-8829 (P) 980-495-8849 (F) info@mindspringhealth.com

A. Umair Janjua, M.D.

Forensic Services Fee Schedule

- I. Fee Schedule for providing expert services.
 - Psychiatric consultation and/or written report \$500.00/hr
 - Review of deposition, records, reports, testing or other data \$500.00/hr
 - Conferences with attorneys or others as requested \$500.00/hr
 - Research as required \$500.00/hr
 - Psychological testing \$300.00/test
 - Testimony in Court / Deposition:

 $1\!\!/2$ day (up to 4 hours) in Metro Atlanta Counties: \$2000.00 Full day in Metro Atlanta Counties: \$4000.00

(Metro Atlanta: Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett)

Non-metro Atlanta: \$4000.00

II. Fees for expert testimony and days away from office (traveling on weekdays) are billed for a full calendar day and not for any increments of times thereof. All expenses incurred will be billed after computation. All fees are set independently by each physician and subject to change.

III. Any billed items shall be payable within 30 days to Mindspring Health Inc. (EIN 86-3324558).

IV. It is hereby specifically agreed that payment of all fees and expenses as outlined are the full responsibility of the undersigned/firm and payment is not contingent on any verdict, outcome, or settlement of the above captioned matter.

V. For out of state cases, it is the responsibility of the hiring attorney to assure that any issues pertaining to medical licensure are addressed / resolved in advance of services rendered.

VI. This evaluation is for forensic purposes only and does not constitute a traditional doctor-patient relationship.

VII. Until this signed agreement has been received, the doctor has not been retained.

Agreed and Accepted by:		
Attorney/Individual (print)	Name of Firm	
Attorney/Individual (signature)		
Date		
Signature shall bind firm/individu	al to payment.	