

# OMNIA MEDLEGAL EXPERTS

1621 Pat Drive, Gautier, MS 39553  
Phone: (805) 310-0286 Fax: (805) 892-7070

## EXPERT WITNESS PROFESSIONAL FEE SCHEDULE

SERVICES	PROFESSIONAL FEES
Retainer Fee	\$5,000
Independent Medical Examination (IME) and/or Expert Medical Opinion Report	\$2,500 (exclusive of record review and report preparation)
Flat Fee for Opinion of Standard of Care (Medical Malpractice)	\$10,000 (includes up to 5 hours of record review)
Medical Record Review, Case Analysis, and Demonstrative Exhibit Preparation	\$1,000 per hour
Attorney Consultation and Case Communication (Teleconference, Phone Conference, Email, or Case-Related Correspondence)	\$1,000 per hour
Travel	\$1,500 per hour plus expenses
Deposition	\$1,500 per hour plus \$500 fee for video/recording
Arbitration	\$6,000 per half day, remote \$12,000 per full day, remote \$10,000 per half day, in person \$20,000 per full day, in person
Trial	\$6,000 per half day, remote \$12,000 per full day, remote \$10,000 per half day, in person \$20,000 per full day, in person

### TERMS & CONDITIONS

A **\$5,000 retainer** is required prior to any work being performed. The retainer will be applied toward professional services rendered. Once any work has begun on a matter—including but not limited to record review, consultation, communication with counsel, report preparation, or case analysis—the retainer becomes **non-refundable**.

If the retainer is exhausted during the course of the engagement, additional retainers may be required prior to the completion of further services.

Depositions must be **prepaid for a minimum of one (1) hour** prior to the scheduled deposition date. Any additional time will be billed at the applicable hourly rate.

Independent Medical Examinations (IMEs) require significant time to be reserved in the physician's schedule. IMEs canceled or rescheduled **within 72 hours** of the scheduled examination time will be billed a **\$1,500 cancellation fee**. IMEs canceled or rescheduled **within 24 hours** of the scheduled examination time

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will be billed the **full IME fee of \$2,500**. If the examinee fails to appear for the scheduled examination, the **full IME fee will be charged**.

Depositions canceled within **72 hours** of the scheduled start time will be billed for **one hour of deposition time**.

Trial or arbitration appearances canceled within **72 hours** of the scheduled appearance will be billed at the applicable **half-day rate**.

Trial and arbitration appearances are billed at the applicable half-day or full-day rate as outlined above.

Travel time is billed at the stated hourly travel rate, in addition to reimbursement of reasonable travel expenses including airfare, lodging, transportation, and meals.

If a party arrives more than **30 minutes late** to a scheduled IME, deposition, or other scheduled engagement, the physician reserves the right to treat the appointment as a cancellation and the applicable cancellation fee may apply.

Video depositions are subject to a **\$500 video/recording fee** in addition to the standard deposition rate.

Payment for services is due upon receipt unless otherwise arranged.

Additional record review or case preparation required prior to deposition, arbitration, or trial testimony will be billed at the standard hourly rate.

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Attorney Name

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Plaintiff/Case Name

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Attorney Signature

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Date

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