# Ron Avraham, MD

**Polaris Rehabilitation, PLLC**

Board Certified in Physical Medicine & Rehabilitation (ABPMR) and Pain Medicine (ABPM)
Certified Life Care Planner (ICHCC) · Board-Certified Independent Medical Examiner (ABIME)
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## FEE SCHEDULE

<table>
<tr><th>Service</th><th>Fee & Terms</th></tr>
<tr><td>Deposition Preparation</td><td>$600/hour, billed separately as deposition-specific preparation.</td></tr>
<tr><td>Deposition Testimony</td><td>$1,000/hour with a three (3) hour minimum.<br>Advance payment equal to the three-hour minimum is required to reserve and schedule the deposition. Time beyond three hours is billed in 15-minute increments at $1,000/hour, with any balance due within five (5) business days. Reserved deposition time runs from the noticed start time until the expert is dismissed, regardless of actual questioning time.<br>The prepaid three-hour minimum is subject to the cancellation policy set forth below; cancellation with less than 21 days' notice renders the prepaid minimum non-refundable.</td></tr>
<tr><td>Independent Medical Examination — Records Review, Summary & Report</td><td>$600/hour.<br>$2,000 retainer required prior to beginning review/report.<br>$650 fee for no-show or cancellation without minimum 48-hour notice.</td></tr>
<tr><td>Court / Trial Testimony</td><td>$4,000 half day (08:00–12:00 or 13:00–17:00; minimum half day).<br>$8,500 full day.<br>Advance payment equal to the reserved time (half or full day) is required to reserve and schedule trial testimony. Reserved time is subject to the cancellation policy below.</td></tr>
<tr><td>Conference — In-Person, Telephone or Video</td><td>$600/hour, billed in 15-minute increments ($150 per quarter hour).</td></tr>
<tr><td>Non-Catastrophic Life Care Plan</td><td>$8,000 flat fee, plus records processing & chronology.<br>Includes review of medical records, one evaluee interview and examination, cost research, and the written life care plan report.<br>Records processing & chronology is required for every plan and billed with it by record volume:
<table>
<tr><th>Pages</th><th>Up to 1,500</th><th>1,501–3,000</th><th>3,001–5,000</th><th>5,001–7,500</th><th>Over 7,500</th></tr>
<tr><td>Chronology</td><td>$800</td><td>$1,000</td><td>$1,250</td><td>$1,500</td><td>$1,500 + $150 per add'l 1,000 pages</td></tr>
</table>
$4,000 retainer plus the chronology fee required prior to commencement; balance due upon delivery.<br>$650 fee for no-show or cancellation of a scheduled evaluation without minimum 48-hour notice.</td></tr>
<tr><td>Catastrophic Life Care Plan</td><td>$10,000 flat fee, plus records processing & chronology.<br>Includes review of medical records, one evaluee interview and examination, cost research, and the written life care plan report.<br>Records processing & chronology is required for every plan and billed with it by record volume:
<table>
<tr><th>Pages</th><th>Up to 1,500</th><th>1,501–3,000</th><th>3,001–5,000</th><th>5,001–7,500</th><th>Over 7,500</th></tr>
<tr><td>Chronology</td><td>$800</td><td>$1,000</td><td>$1,250</td><td>$1,500</td><td>$1,500 + $150 per add'l 1,000 pages</td></tr>
</table>
$5,000 retainer plus the chronology fee required prior to commencement; balance due upon delivery.<br>$650 fee for no-show or cancellation of a scheduled evaluation without minimum 48-hour notice.</td></tr>
</table>

### Payment & Cancellation Terms

Payment for conferences, depositions, and court/trial testimony is due within five (5) business days after the time for which these services are initially reserved. In the event of cancellation of reserved time for conferences, depositions, or testimony: if cancellation is 30 days or more prior to the reserved time, there will be a 50% refund; if cancellation is 21–29 days prior to the reserved time, there will be a 25% refund; if cancellation is less than 21 days prior to the reserved time, the full payment is non-refundable.

Life care plan retainers are applied to the total flat fee. Independent medical examination retainers are applied to the final invoice.

Additional costs — actual out-of-pocket expenses for travel, meals, lodging, and airfare, billed at cost.

**MAKE ALL CHECKS PAYABLE TO:**
**POLARIS REHABILITATION PLLC — DR. RON AVRAHAM**
PO Box 6084, North Plymouth, MA 02362
Employer Identification Number: 85-3651848