



## Fee Schedule and List of Services for Forensic Evaluations

**Notice: The contact only pertains to forensic (i.e., court) evaluations. Please contact me for information related to clinical evaluation services at [bushmanbryan@gmail.com](mailto:bushmanbryan@gmail.com) for a list of fees.**

Thank you for your interest in my consultation services related to forensic testing. The areas that I am asked to address most frequently relate to neuropsychological and psychological functioning. A current copy of my curriculum vita (CV) is at [www.drbyanbushman.com](http://www.drbyanbushman.com)

### Testing Procedures

My typical procedures in conducting a full neuropsychological evaluation include first reviewing pertinent records (detailed below) and then conduct a comprehensive examination. My examination has two parts: a clinical interview (typically completed by phone) and face-to-face administration of various tests. The entire exam takes approximately 8-9 hours to complete. I conduct my examinations in English. (I do not speak Spanish, nor do I routinely offer tests in Spanish.) Typically, I request to review the following records before my examination:

- Complaint
- Deposition of Plaintiff
- Deposition of Physicians
- Depositions of Employers
- Medical Records (including reports of diagnostic evaluations, hospital admission and discharge reports, operative reports, assessments, and available preinjury medical records)
- Psychological / Neuropsychological Records
- Employment Records
- School Records
- Tax Returns (if applicable)

I am interested in new records that may be generated after my examination. Please keep me abreast of any information concerning my area of inquiry.

The clinical interview generally requires 1-2 hours to complete. During this phone interview, the examinee will be asked detailed questions about presenting problems, treatment, limitations and capabilities, medical history, and activities of daily living. The neuropsychological tests I administer typically require about 6 hours for the examinee to complete. While I generally vary the battery of tests prescribed depending on the examinee's background and presenting problem, I administer tests that assess mental functioning (including intelligence testing), effort and personality. The following tests are among those that I frequently prescribe:

- *Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)*
- *Wechsler Memory Scale – Fourth Edition (WMS-IV)*
- *Delis-Kaplan Executive Functioning System (D-KEFS)*
- *Minnesota Multiphasic Personality Inventory – 2<sup>nd</sup> Edition (MMPI-2:RF)*
- *Shipley Institute of Living Scale-2*
- Various Continuous Performance Tests (CPTs)



### Fee Schedule and List of Services

After I complete my examination (and if requested), I provide a written report. I usually complete this report within 30 days after my examination.

#### Fee Schedule and Level of Services for Forensic Examination

I do not consider myself engaged in a matter until I have received a signed copy of this fee schedule. (See below). Monies are applied to the costs as they accrue. There are four levels of service:

- Hourly Consultation: I can review records and provide verbal feedback regarding the strengths/limitations of a case. My hourly fee for this service is \$250.00. I am not functioning in the role of an expert for this level of service.
- Brief Evaluation: I can also provide a brief evaluation that is typically 3-4 hours in length. The focus of this brief assessment is to collect a baseline assessment and to rule out non-credible reporting. The fee for this service is \$850.00. I am not functioning in the role of an expert for this level of service, and only a brief (2 page) report is generated upon request.
- Full Evaluation: A full neuropsychological evaluation includes a review of records, clinical interview, test administration/ scoring, and report writing (as described above). Depending on the complexity of the case, a full evaluation takes approximately 12- 15 hours to complete; consequently, the full amount for this evaluation is approximately \$5,200.00. (If the same claimant previously engaged my services for a brief evaluation, then \$850.00 is taken off of this fee.) At this level of service, I am typically functioning in the role of expert.
- Deposition/ Trial Testimony: Hourly rates will be charged for additional interviewing, reviewing records, conducting research, consulting, preparing reports, preparing for depositions, casework, and traveling. Deposition/ trial testimony fees are \$350.00 per hour. (Unless otherwise notified, a 2-hour minimum will apply.) I am typically functioning in the role of expert for this service.

I enforce the following cancellation policy for scheduled full examinations: (1) no cancellation fee applied if the appointment is cancelled 48 hours or more in advance; (2) \$1,000.00 if cancelled 24 to 48 hours in advance; and (3) \$2,500 for no-show or appointments cancelled with less than 24 hours in advance (half my daily rate). A \$250 fee is applied for no show or late cancellations for a brief evaluation (#2 above).

#### Invoicing

An invoice will be generated on the day of service for hourly consultations, brief assessments, and deposition/ trial testimony. Payment is due 30 days upon receipt of an invoice and shall be directed to *Bushman Consulting Services, PLLC*. For a full evaluation, half of the cost is to be paid on the day of testing and the other half once the report is complete. If payment is not received within 30 days of the invoice, interest shall accrue at the rate of one and one-half percent per month until paid. If it becomes necessary to retain the services of an attorney to collect any balance due, you agree to pay all attorney fees and costs associated with the collection of this account. You also agree to waive trial by jury.



**Fee Schedule and List of Services**

**Videographers / Recording**

Recording of the examination (in any format) or having others in the room (including family members or attorneys) is discouraged as it may interfere with the accuracy of results, but, if a videographer is requested, please notify me 48-hours in advance so I can prepare. I do not have access to such materials and such should be provided by the requesting party. No interference by the videographer or others during the examination will be tolerated, and the videographer may not remain in the room during the examination. (i.e., The camera should be unattended once the set-up is complete.) The videographer should arrive between 15-30 minutes before the appointed interview time to set up equipment and to prevent any delay in the examination. I also ask that the use of mobile telephones be limited by the examinee. Mobile telephones must be set to vibrate mode or be turned off completely. No recordings will be made through smart phone.

**Service Agreement**

*"I would like Dr. Bushman and Bushman Consulting Services, PLLC to provide services in the case of \_\_\_\_\_ [DOB: \_\_/\_\_/\_\_] (Name and date of birth of claimant). At this time, I am interested in the following service(s) related to this case (circle all that apply):*

- Hourly Consultation*
- Brief Evaluation*
- Full Evaluation*
- Deposition/ Trial Testimony"*

*"I have read this letter (dated 2/9/2023). I understand by signing this agreement that I will abide by the aforementioned fees associated with this case. I, my firm, and/or my client shall be jointly and severally responsible for the payment of all fees as explained in this letter. I also recognize that all protocols generated in this case are proprietary and the property of Bushman Consulting Services, PLLC. Based on the type of service requested, testing results will be made available either verbally or in writing; however, consistent with APA ethical standards, I understand that test protocols, which are proprietary, can only be released to a duly-authorized psychologist. Unless arrangements are made otherwise, I understand that Dr. Bushman will keep test protocols and results on file for 3 years from the date below."*

Signature of person requesting services: \_\_\_\_\_ Date: \_\_\_\_\_  
Print complete name and title of requestee: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Direct Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_