

Daniel J. Wallace, M.D., F.A.C.P., M.A.C.R.
WALLACE RHEUMATIC STUDIES CENTER, LLC
A PROFESSIONAL CORPORATION
DIPLOMATE, AMERICAN BOARDS OF
INTERNAL MEDICINE AND RHEUMATOLOGY
310-360-9197 FAX310-360-6219 Email jody@danielwallacemd.com

Name of Firm: _____

Case Name: _____

Attorney: _____

Legal Fee Schedule and Contract for Daniel J Wallace MD, Inc.

Retainer Fee: \$3000 (non refundable)

Deposition: \$2000 per hour in the office or remotely (minimum 2 hours; Payment must be made for 2 hours.) There is a \$4000 no show fee if the deposition is cancelled with less than 48 hours' notice.

Consultations, phone calls and record review: In person, telephone, teleconference, \$750 per hour

Medical record review Report: \$2000

Testimony: Minimum half day \$6,000 (not including travel time)

Full day \$9,000 not including travel costs (airfare, hotel, etc.) for Southern California.

\$20,000 for Nevada, Northern California, Arizona.

\$25,000 for other states.

Cancellation of court appearance on less than 36 hours notice: \$6,000

Plaintiff Cases: Check required day of court appearance.

IME Evaluation and Report: \$4000 not including record review time. \$9000 fee if Dr Wallace needs to travel to another location for the IME (no-show or cancellation less than 48-hour notice will require payment in full of the \$4000)

Dr. Wallace agrees to complete the report within two weeks of seeing the patient.

Travel Time: \$750 per hour for all services performed outside of our office.

All payments are due 90 days from the date of the invoice.

Please make checks payable to: Wallace Rheumatic Study, LLC (Tax ID 95-4663412)

Your signature affixed below recognizes your receipt and acceptance of these requirements in retaining the services of Daniel J Wallace MD, Inc

Signature

Date

Please email to jody@danielwallacemd.com and mail with retainer check to my bookkeeper:
414 Camden Dr. Suite 1100 Beverly Hills, CA 90210