

Atlanta Area

Family Psychiatry Clinic, PC

7000 Peachtree Dunwoody Road
Psychiatry & Building 16, Suite 100
Atlanta, Georgia 30328-5754
Phone (770) 393-1880
FAX (770) 393-1885

Robert M. Slayden, M.D.
Child, Adolescent, Adult and Family
Psychotherapeutic Services
www.AAFPC.net

FEE POLICY and FINANCIAL RESPONSIBILITY FORM for COURT-RELATED CHILD and/or ADOLESCENT FORENSIC PSYCHIATRIC EVALUATIONS and SERVICES

I perform a variety of child, adolescent or family court-related evaluations and services, including parental responsibility evaluations, child and family investigations, parenting coordination services, and mediation/arbitration, juvenile court evaluations or juvenile criminal forensic evaluations.

This document spells out my fee policies and procedures regarding providing these services. I recommend that you discuss these policies with your attorney prior to signing the Fee Agreement. If a Court Order specifies that you are responsible for a portion of the “initial costs” of an evaluation, these “initial costs” are defined as the entire cost for my court-ordered role. I request that you fill in and sign the Fee Agreement regarding your responsibility for our fees. These fees are described below.

Retainers

Retainers must be paid in full prior to the commencement of any services.

Retainer for Parental Responsibility Evaluations – \$6,000

Retainer for Child and Family Evaluation – \$6,000

Retainers may be higher in cases where one or more litigants live outside of the Atlanta Metropolitan Area or complex cases that will require additional services. If a lower retainer is specified in the Court Order my full retainer fees must still be paid, unless prior arrangements have been made by Atlanta Area Family Psychiatry Clinic, P.C.,

Your retainer payment will be applied to services to be provided, however, \$1,500 will be held in reserve on your account. This portion will remain untouched until payment is needed for the final services delivered or if payment is not forthcoming for services delivered. Funds not used will be refunded to you at the conclusion of my role in and completion of services for your case. This is typically defined as the final court date or the date a stipulation is reached, and not the date we release the report.

Payment

You will receive a monthly statement reflecting your current balance. You should receive an invoice approximately the third week of each month. Payment of any amount owed on this invoice is due within two weeks of the invoice date. If your full payment is not received within two weeks of the invoice date, a monthly late fee of 1 & ½ % of the outstanding balance will be assessed for each month you are late until your balance is paid in full. Failure to keep the balance paid in full may result in cessation of any service in the case. Payment in full is required before our report will be released to you or the Court. The Court’s assistance may be requested at any time pertaining to payment issues.

Fees

All forensic professional fees are billed at **\$395 per hour** for **any services provided**. This rate applies to all services, including but not limited to: interviews, contacts with references, phone contacts, home visits including travel time, consultations, review of records, and test interpretation time. These fees also apply

to all post-report services, including but not limited to: settlement discussions, attorney consultations, preparation for depositions or court, and deposition and court testimony time, including travel and report waiting time.

Fees for Report Writing

Report writing is billed at the hourly rate. You can estimate that a report will take approximately one half to one hour per page including review of data, formulation, writing and finalizing the report. Typically reports are 10 to 20 pages in length

Fees for Psychological Testing

If psychological test materials are used, there will be additional charges. For example, the MMPI-2 and the MCMI-III are objective personality inventories, and they are billed at \$135 per test. There will also be an administration charge for the time a professional spends with you setting up and administering the test.

Fees for Services Provided Outside of the Metropolitan Atlanta Area

In custody cases when one or both parents live out of state or some distance from the Atlanta Metropolitan Area, I may need to travel to perform a home visit or home study. In these cases, there are additional expenses involved. All expenses, including airline tickets, rental cars, parking fees, gasoline charges, hotel charges, and meals will be added to the cost of our services.

Fees for Professional References

When professional references that we contact for information send us a bill for their time, file duplication and/or postage, we will pass those charges onto you.

Fees for Late, Missed and Canceled Appointments

Appointments not canceled or rescheduled at least on business day in advance will be charged at the hourly rate for the allotted time.

Fees for Consultants Administrative Charges

There will be a charge of \$50 per hour for administrative costs related to case information set up, preparation of releases of information, preparation of letters and faxes, transcription of dictation, file copying, report preparation, and other administrative type tasks.

Duplication and Postage Charges

If we are required to submit a report, there will be a \$22.78 charge plus \$0.85/page 1-20 and \$0.74/page 21-100 and \$0.57 page in excess of 100 for duplication, preparation, and plus actual postage or delivery fee. This fee covers the duplication of letters, rough drafts of the report, final copies of the report, and delivery by postal service. If you or your attorneys request delivery by any other form than the postal service, these delivery service charges will be passed onto you.

We will not release a copy of any case files until our assessment is complete and the report has been submitted and **all fees are paid in full**. We require attorneys and prose's give us 10 days' notice when requesting a copy.

Fees for Post-Report Services in the Role of an Evaluator

If I have telephone contacts and/or meetings with your attorney, which occur after the completion of a parental responsibility and/or parenting time evaluation report, you will be responsible for 100% of the charges for these fees, regardless of the percentage you paid for the evaluation itself. You will be charged at our hourly fees for direct services. You will be billed at 100% because attorneys use these post-report meetings for preparation for settlement or Court, so the time we spend is not part of the evaluation itself. If you or your attorney require that we testify in a deposition and/or in Court, you will

be responsible for all evaluator time and expense charges, travel time and preparation for testimony. If a deposition or court appearance is postponed or cancelled less than 3 business days prior to the scheduled date and time, hours not filled by other patients will be billed to you at the forensic rate.

Fee Changes

All rates in our office are subject to periodic review and adjustment. We will advise you in advance of any adjustment and that notice becomes part of our agreement. If the adjustment is not acceptable to you, you may file a motion with the Court and seek their guidance.

Fee Collections

If you become delinquent in or default on the payment of your bill, Atlanta Area Family Psychiatry Clinic, P.C., reserves the right to inform the Court, to refer the account to an attorney or a collection service for collection, to ask the Court for a judgment, and/or to file Contempt of Court papers with the Court. You will be held responsible to pay all fees and expenses associated with any collection efforts. Consent is given Atlanta Area Family Psychiatry Clinic, P.C., for release of your name demographic information, nature of service, and any other necessary data to an attorney or collection service in the event of delinquency in or default on the payment of monies owed to Atlanta Area Family Psychiatry Clinic, P.C.

Credit/Debit Card Authorization

We accept both VISA and MASTERCARD. If you wish to use your card for retainer or any/or all services, please fill out the Credit/Debit Card Pre-Authorization Form.

FEE AGREEMENT

I am responsible for _____ % of all of the fees and costs of the services provided. If you are responsible for less than 100% of fees, no work will commence until all parties have completed this financial responsibility form.

The total initial retainer required in this case is \$_____.

I understand that I will be expected to keep my account current for the entire course of services provided by Atlanta Area Family Psychiatry Clinic, P.C. and that I must maintain a retainer amount of at least \$1,500 of my initial retainer payment of \$_____.

I have Read, Understand, and Agree to the Fee Policies for Court Related Evaluations and Services

_____/_____/_____
SIGNATURE DATE

PRINTED NAME