



## Reimbursement of Testimony and Subpoena Costs

I, \_\_\_\_\_, am presently a plaintiff in a legal action [case name \_\_\_\_\_] against a party who I believe is responsible for injuries that I have suffered, including the potential of Traumatic Brain Injury (neurotrauma) associated with a hormonal dysfunction syndrome.

After reviewing literature on your services involving the diagnosis and treatment of hormone related dysfunction, secondary to neurotrauma, I would like to be evaluated to determine if I am suffering from symptoms caused by the injury. You have informed me that you will not agree to accept me as a patient and evaluate my case unless I agree to reimburse you for certain expenses that may result from evaluating my case.

This document acknowledges that you are not being retained as an expert witness but that your services to me are as a physician and care giver.

I understand that the evaluation of my case and myself may cause to you to be called upon either voluntarily or by subpoena to testify or provide evidence regarding your evaluation. I understand that in doing so you will expend time and incur costs in preparing to give testimony, giving testimony, preparing and producing documentation and possibly retaining counsel to assist you. Therefore I agree as follows:

1. I agree not to designate you as an expert witness in my case.
2. I agree that if you are required to either voluntarily or by subpoena to testify or provide evidence regarding your evaluation I shall compensate you with the following amounts which shall be in addition to fees you charge me in your capacity as a physician:
  - a. \$500 per hour for any time spent in consulting with you or my counsel;
  - b. \$5,000/day for any deposition or testimony I am required to provide in your case regardless of whether I am testifying voluntarily or subject to subpoena.
  - c. Reimbursement for Business Class travel, hotel accommodations and food.
3. All payments and travel arrangements shall me paid and arranged in advance.
4. I shall reimburse you reasonable attorneys' fees if you determine it necessary to retain your own counsel to represent you.

By signing below I agree to the above referenced terms.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_