

William M. Bisordi, M.D., F.A.C.P  
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### **Fee Schedule and Agreement**

This document serves as an agreement for the Expert Witness services of William M. Bisordi, M.D., F.A.C.P.

Initial case review, including review of medical records, depositions, interrogatories, expert opinions, affidavits, responses, complaints, discussions with attorney and written report, if required, will be performed with \$1,750 retainer to accompany medical record.

Screening reviews to determine the merit of a case prior to being filed, concerning Gastroenterology or related issues, will be performed at a flat rate of \$750.

Additional review, discussions, telephone conferences or meetings will be billed at the rate of \$350 per hour.

Deposition will be performed at the rate of \$750 per hour with a three hour minimum (total \$2250). Additional hours, or part thereof, will be billed at the rate of \$750 per hour. Travel time will be billed at \$125 per hour. The fee must be received at least one week prior to the scheduled appearance or the deposition will be considered cancelled. (This fee is non-refundable if the deposition is cancelled or re-scheduled within seven (7) days prior to agreed upon date.)

Court appearance will be billed at the rate of \$4,500 per day, plus travel expenses. The fee is to be paid at least seven (7) days in advance of the scheduled appearance. This fee is non-refundable if the expert witness testimony is cancelled, or rescheduled, within one week of scheduled appearance. An additional fee of \$2,250 per half day thereafter will be charged. A fee of \$1,125 (one-quarter of courtroom testimony) must be received in order to RESERVE a date for testimony. This fee will be applied toward testimony fee of \$4,500 if trial testimony goes forward. If trial date is cancelled or rescheduled this fee is non refundable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Attorney