



Health Management Services

2292 Chambliss Ave NW, Suite C-2

Cleveland, TN 37311

P: (423) 479-5672 | F: (423) 479-5679

Court Contract

A subpoena is required for every court date. In most cases, it is not necessary that it be served by the Sheriff's Department; a faxed subpoena from your attorney is acceptable.

We will not cancel a clinician's appointments and schedule your court date until we have a signed contract and all fees have been paid and your account is up to date.

We will accept your personal check for payment up to fifteen business days prior to the court date. After that time and up to two business days before a court date, we will accept only cash, U.S. Postal Service money orders, or credit cards.

Full Day in Court or Hearing: \$3,000.00

Cases which are scheduled in the AM hours, are considered a full day. It is necessary to cancel all patient appointments for the entire day since it is impossible to anticipate what time court will conclude.

Half Day in Court or Hearing: \$1,600.00

These are customarily scheduled after lunch. The cost will be an additional \$2,000.00 if the proceedings last more than a Half-Day.

After-Hours: \$350.00

If court goes long and the clinician is held past 5:00 PM, there is an additional charge of \$350.00 for every one-hour block or any portion thereof.

Example: if the clinician is held until 7:00 PM, you will owe an additional \$700.00.

Deposition: \$350.00

Depositions are scheduled in one hour increments. Each one-hour block or any portion thereof is \$350.00.

**Live Courtroom Testimony by Phone: \$250.00
per hour for at least one hour**

If Court is Canceled or Rescheduled: \$500.00

After the court contract is signed, every event of cancellation or rescheduling will result in a surcharge of \$500.00 for dates originally scheduled. Each surcharge must be paid before a new court date will be scheduled. Cancellations which occur in fewer than two full business days will result in your forfeiture of the full court fee.

This is a legally binding contract between Health Management Services and _____.

Court is scheduled for the date of _____ at _____ am/pm, at the _____ County Courthouse in Judge _____'s Court.

The clinician for this court case is _____ and the Party for whom our clinician will testify is _____.

Your legal counsel is _____ and can be reached at:

Phone: (____) _____ Fax: _____

I have read this contract and understand the terms. I agree to all policies and fees and will pay accordingly including surcharges for rescheduled and canceled court dates. I understand that returned checks and denied/charged back credit card payments will result in additional fees.

Signature of adult patient or parent/legal guardian of patient less than 18 years of age

Date

Signature of Office Staff Member

Date