

**Western Psychiatric Institute and Clinic of UPMC
Forensic Psychiatry Services**

Fee Agreement

The following constitutes a fee payment schedule and retainer agreement between Forensic Psychiatry Services and (attorney or company/name of person signing), requesting consultation and expert opinion on behalf of client (name of client) in the matter of a (type of case). Services will be provided by Dr. (physician name _____) of Western Psychiatric Institute and Clinic of UPMC's Forensic Psychiatry Services (FPS).

An initial retainer in the amount of \$1,000.00 to secure services in this matter is due prior to initiation of any activities. This retainer will be taken as payment for services at the rates indicated on the attached page.

- I agree to deliver in a timely manner all relevant documentation (e.g. medical, mental health, school records, prior evaluations, or objective testing) requested by FPS for the purpose of this evaluation.
- I understand that no specific opinion or finding is in any way assured or guaranteed.
- No work will be completed on an contingency basis. Disagreement over specific findings by in no way absolves the undersigned of payment for services provided.

Billing will be processed by the University of Pittsburgh Physicians, Inc. The undersigned assumes all responsibility and guarantees payment for expert services. The undersigned is solely responsible for seeking reimbursement from the client.

Please fax the signed fee agreement to 412-246-5425.

Attorney or Authorized Signature

Date

Psychiatrist Signature

Date