

**Psychiatric Associates of Atlanta, LLC**  
Twelve Piedmont Center, Suite 410, 3495 Piedmont Road, NE, Atlanta, GA 30305  
404-495-5900 fax: 404-495-5901  
www.atlantapsychiatry.com

David Lipsig, M.D.

Matthew Norman, M.D.

**MATTHEW W. NORMAN, M.D.**

**2019 Forensic Fee Schedule**

I. Fee Schedule for providing expert services with reference to the above named matter.

- Psychiatric consultation and/or written report \$550.00/hr
- Review of deposition, records, reports, testing or other data \$550.00/hr
- Conferences with attorneys or others as requested \$550.00/hr
- Research as required \$550.00/hr
- Testimony in Court / Deposition:
  - ½ day (up to 4 hours) in Metro Atlanta Counties \$2,200.00
  - Full day in Metro Atlanta Counties \$4,400.00  
(Metro Atlanta: Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett)
  - Non-metro Atlanta \$5,500.00

II. Fees for expert testimony and days away from office (traveling on weekdays) are billed for a full calendar day and not for any increments of times thereof. All expenses incurred will be billed after computation. All fees are set independently by each physician and subject to change.

III. Any billed items shall be payable to Psychiatric Associates of Atlanta, LLC (TIN 01-0683990) are due upon receipt unless other arrangements have been made. A retainer may be required prior to any expert services being rendered.

IV. It is hereby specifically agreed that payment of all fees and expenses as outlined are the full responsibility of the undersigned/firm and payment is not contingent on any verdict, outcome, or settlement of the above captioned matter.

V. For out of state cases, it is the responsibility of the hiring attorney to assure that any issues pertaining to medical licensure are addressed / resolved in advance of services rendered.

VI. Any evaluation is for forensic purposes only and does not constitute a traditional doctor-patient relationship.

VII. Until this signed agreement has been received, the doctor has not been retained.

Agreed and Accepted by:

\_\_\_\_\_  
Attorney/Individual

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Date

Signature shall bind firm/individual to payment.