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**Doctor’s Letter to Patient’s Attorney Seeking Deposition**

**or Trial Testimony on Required Costs/Prepayment**

Date

Attorney

Anywhere Address

Someplace, State Zip

 RE: Patient/Client:

 Date of Injury:

 Your File No.:

Dear Attorney :

It has come to our attention that your office has requested the following documentation or information from our office in relation to your legal representation of the above-referenced patient:

1. 🞏 Duplication of patient’s healthcare treatment records
2. 🞏 Completion of a narrative report from treating doctor
3. 🞏 Participation of treating doctor at a deposition on behalf of patient
4. 🞏 Testimony of treating doctor at court proceeding

We wanted your office to be aware of our office policies as it relates to the above-referenced request. Initially, our office requires a prepayment for the requested records/information/deposition/trial testimony. Prepayment for this request totals $ which must be paid on or before [or] before release of the records/narrative report/requested testimony.

In relation to any testimony of the treating doctor, please be advised that this office also expects reimbursement for travel time and mileage from our principal office. Travel time will be billed at a rate of dollars per hour and mileage will be billed at the current, applicable IRS reimbursement rates. In addition to travel time, the doctor requires payment for the time associated with this testimony at a rate of $ per hour. Given these anticipated costs, we would require a prepayment of $ made payable directly to this office on or before . Please note that the treating doctor will not appear as an expert witness to provide testimony unless this prepayment is paid by the designated time.

In the event that the patient’s doctor is requesting this testimony at a deposition or trial, the patient’s attorney is encouraged to provide the treating doctor with any applicable or relevant documentation in advance of the scheduled event. The doctor also requires prepayment for his time in reviewing any such applicable documentation or otherwise meeting with the patient’s attorney. The doctor will submit an invoice for time associated with such preparatory matters directly to the requesting attorney on or before the event where the doctor’s testimony is required. Payment is expected for such preparatory time on or before the date of the event where the doctor’s testimony is required.

We appreciate your anticipated cooperation with these various office policies. Please do not hesitate to contact me should you have any questions or concerns. Thank you.

Sincerely,

Doctor or Office’s Representative

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