

Richard M. Siebold, M.D., Inc.
A Medical Corporation
16311 Ventura Boulevard, Suite 1000
Encino, California 91436-2403
Tel: (818) 788-2224 Fax: (818) 788-2111
IRS# 95-3434004

DEPOSITION REQUEST FORM

Applicant / Defense/Co-Defense (**Circle One**)

Name of Firm: _____

Firm Address: _____ City: _____ Zip: _____

Telephone: _____ Ext: _____ Fax: _____

Email address: _____

Deposition Re: _____ vs. _____

Date of Depo: _____ Time: _____

LOCATION: 16311 Ventura Blvd., Suite 1000 Encino, CA 91436

DEPOSITION FEES:

_____ **IME:** \$500.00 per hour plus \$500.00 for 1 hr preparation fee = **\$1000.00**

_____ **AME/ QME** \$312.52 per hour plus \$468.78 for 1 1/2 hr preparation fee = **781.30**

Pursuant to title 8, California Code of regulations, Sections 9793, 9794 and 9795, reimbursement for the medical testimony is to be calculated pursuant to the reasonable level fees as promulgated by the legislature.

CANCELLATION/ REFUNDS: RMS MD., INC requires ten (10) working days notice for any cancellations or rescheduling. If less than ten (10) days, fee is **\$390.65**. If cancellation is five (5) or less working days, the fee will be **\$781.30**.

HOLD APPOINTMENTS: We will not guarantee availability on any hold dates for more than 24 hrs.

I acknowledge and agree to pay.

I do not agree to pay.*

* (If you do not agree to pay, deposition will not be scheduled)

Print Name: _____ Date: _____

Signature: _____ Title: _____

By signing this form, you acknowledge the fees and cancellation policy set forth by RMS MD, INC.

Name of whom should be contacted regarding deposition: _____

PLEASE TAKE NOTE THAT DEPO'S ARE SCHEDULED AS FOLLOWS:

- Wednesday : 10:00 am, 11:00 am, 12:00 noon & 1:00pm
- Fridays: 11:00 am, 12:00 noon, 1:30 pm & 2:30 pm