

Hartford Orthopaedic, Plastic & Hand Surgeons, Inc.

Duffield Ashmead, M.D.  
Board Certified Plastic Surgeon  
Fellowship Trained Hand Surgeon  
Director, UCONN Hand Fellowship

Daniel J. Mastella, M.D.  
Board Certified Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon  
Assistant Clinical Professor — UCONN

Christopher Dillon, PA-C  
Board Certified Physician Assistant



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Christopher M. McCarthy, M.D.  
Board Certified Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon  
Clinical Associate — UCONN

Peter J. Shaughnessy, M.D.  
Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon

Julie B. Forster, PA-C  
Board Certified Physician Assistant

**Non-Workers' Compensation Med/Legal Fee Schedule**

Date:

To:

Re:

DOI:

DOB:

Thank you for contacting our office. Below is a list of attorney/medical report fees. We request that these fees are prepaid. Please indicate the service you are requesting, sign, date and return to the office with the prepayment.

- Medical Report \$450.00
- Phone Conference \$500.00
- Attorney Office Meeting \$800.00 first hour  
\$400.00 each additional half hour
- Deposition \$4,200.00 first 2 hours  
\$1,050.00 each additional half hour
- Medical Record Review \$2,000.00
- Court Appearance \$ 9,000.00 1/2 day-up to 4 hours  
\$17,000.00 Full day-4 hours and over
- Independent Medical Exam/  
Non-Treating MD Rating \$1,500.00
- Final Disability Rating \$750.00  
Treating MD only

\*If there are excessive medical records, an additional prepayment fee will be required.

Please note a final disability rating is to include the following:

- Subjective history of accident
- Objective finding of accident
- Assessment/diagnosis
- Date of MMI
- Percentage of loss
- Work capacity

\*A report charge of \$450.00 will be assessed for any additional questions\*

- Addendum \$300.00

**TOTAL PREPAYMENT DUE:** \_\_\_\_\_

**Cancellation Policy:** We require a 5 business-day notice to cancel any prepaid service. If not cancelled prior to 5 business days, the prepaid fee will be forfeited and an additional \$250.00 cancellation/no show fee will be assessed.

Signature \_\_\_\_\_

Date \_\_\_\_\_