



SPINE CARE CENTER
OF HAWAII

Kenneth T: Kaan, MD., Inc.
Queen s Physicians' Office Building II
1329 Lusitana St., Suite 206
Honolulu, Hawaii 96813
Office phone: (808) 533-3393 Office fax: (808) 533-1448

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FEE SCHEDULE

The costs and instructions are as follows:

	CHARGE	PREPAYMENT
IME	\$500.00/hr.	\$500.00
PPD (Permanent/Partial Disability Ratings)	\$500.00/hr	\$500.00
Second Opinion	\$500.00/hr	\$500.00
Oral Deposition	\$1000.00/hr	\$1000.00
Video Deposition	\$1000.00/hr	\$1000.00
Attorney Consultation w/o client	\$500.00/hr	\$500.00
Records Review	\$500.00/hr	\$500.00
Litigation Work	\$500.00/hr	\$500.00
Expert Witness Fee Court	\$2000.00/hr	\$1000.00
Narrative report/Letter/or Supplemental Report	\$500.00/hr	\$250.00

Minimum payment for IME, PPD, records review and litigation work is \$500.00

All records and prepayments must be received in our office **3 weeks** before scheduled appointment. Records must be tabbed and ready Dr. Kaan's review. If records are not tabbed you will be charged an additional **\$100.00**. *(All records need to be tabbed by categories. 1. By physician 2. By facility 3. In chronological order (Oldest date on top and most current date on bottom) Records should include any and all diagnostic tests and radiological reports. (Again by facility in chronological order)*

Example: Medical records should be tabbed by each individual physician within a certain facility and also by individual facilities. If you multiple physicians at one doctor's office who saw the patient put each physician by his/her self under that facility with the oldest visit on top and the most current visit on bottom. So if Drs. Dread and Doe who practice together and Dr. Dread saw the patient on 01/02/98, 05/06/00, 07/12/02 and 01/14/08. Then Dr. Doe saw the same patient on 03/09/99. Dr. Dread would be first with his 4 visits followed by Dr. Doe with her 1 visit. This is because Dr. Dread saw the patient in 1998 and Dr. Doe saw this patient in 1999. If you have an x-ray report from a radiological facility for 2001 then this would follow Drs. Dread and Doe's reports because it is a different facility and the date falls after Dr. Dread's first visit in 1998.

If the cost of the appointment exceeds the minimum payment you will be billed the remainder.

If the films/reports or payment is not available at least one week prior to the schedule appointment, we will re-schedule that appointment until all the necessary items are received. The patient may not hand carry any items into our office the date of the appointment except their radiologic film studies.

A cancellation/no show charge of **\$750.00** will apply if the appointment is cancelled less than **2 business** days before the appointment on Oahu and less than **3 business** days before for outer islands and/or if the patient does not show. Another prepayment will be required for a rescheduling of an appointment. Reports will be mailed or

faxed to you whichever is your preference. The normal turnaround time 3-4 weeks after office visit depending upon the size of medical records to be reviewed.

I, _____(Company name/responsible party) have read the terms and agree to pay the amount provided on the Fee Schedule listed above for _____ (Patient).

Please sign and return agreement along with the prepayment within 3 weeks before scheduled appointment.

Payment should be made to Kenneth T. Kaan M.D., INC.

Signature of Responsible Party

Date