# Long-Distance Travel Agreement Walker Medical-Legal Consulting, PLLC

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## 1. Fee Structure

• For specific fee structures for individual services, please refer to "Expert Witness Fee Schedule" Document. This Long-Distance Travel Agreement further outlines fees associated with local and long-distance travel that is required to perform Expert Witness Services.

## 2. Travel Policy

#### **Local Travel (Within 50 Miles or Up to 1 Hour One-Way)**

- Billed at \$300 per hour for all travel time.
- No additional expenses (mileage, meals, lodging) are expected.
- Parking, tolls, or minor transportation fees may be billed separately.
- If travel exceeds 1 hour one-way (or 50 miles), long-distance travel rates apply.

## **Long-Distance Travel (Beyond 50 Miles or Over 1 Hour One-Way)**

- Travel Time: Billed at \$300 per hour for all time spent in transit, including flights, layovers, and ground transportation.
- Full-Day Commitment: If travel prevents other work for a full day, a minimum of 8 hours at \$300/hour (\$2,400) will be billed. However, if substantial work is performed during travel (such as case review, report writing, or client communication), those hours will be billed at the higher standard rate as appropriate.
- Flight & Ground Transportation: Client must prepay or reimburse the cost of airfare (business class for flights over 3 hours and direct flights when available), rental cars, taxis, or other necessary transportation.
- Lodging: Client covers hotel accommodations (4-star or equivalent).
- Meals & Incidentals: A per diem of \$100/day (or IRS standard rate) applies for meals and incidental expenses.
- Work Performed During Travel:
  - o If substantive work (such as case review, report writing, or client communication) is performed while traveling, only the standard hourly rate will apply for that time, instead

of the travel rate. Time cannot be billed at both rates simultaneously. Any travel time not spent working will be billed at the travel rate.

## **Prepayment for Long-Distance Travel**

- For all anticipated long-distance travel, prepayment is required to cover expected travel costs and time. An estimate of anticipated travel expenses will be given to the client and agreed upon between both parties prior to prepayment.
- The prepayment amount will include:
  - Estimated travel time billed at \$300/hour.
  - o Lodging, airfare, and transportation expenses.
  - o A \$100/day per diem for meals and incidentals.
  - o A 10-20% contingency buffer for unexpected costs.
- The full prepayment must be received before any travel arrangements are confirmed.
- Upon completion of travel, actual expenses and time incurred will be reconciled:
  - o If actual costs exceed the prepayment, the remaining balance will be invoiced.
  - o If actual costs are less, any unused funds will be refunded.

#### **Unexpected Delays, Rescheduling, or Cancellations**

- If travel is delayed due to cancellations, weather, or client rescheduling, additional time and costs incurred will be billed at \$300/hour.
- If travel requires an additional overnight stay, an extra \$1,500 inconvenience fee plus additional lodging and per diem costs will be billed.
- If a deposition, trial, or meeting is canceled within 48 hours of scheduled travel, the client will be billed for:
  - All non-refundable travel expenses
  - o A cancellation fee of 4 hours at \$300/hour (\$1,200)

## 3. Payment Terms

- Invoices are due within 15 days of receipt.
- Late payments are subject to a 1.5% monthly interest charge.

# 4. Agreement Acknowledgment

By signing below, the Client acknowledges and agrees to the terms outlined in this agreement, including the expert's fee schedule, travel policy, prepayment requirements, and cancellation terms.

By signing below, both parties acknowledge that they have read, understood, and agree to the

terms and conditions outlined in this document. This agreement is legally binding upon signature.

Signature of Expert Witness: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

Printed Name: Nicholas Walker, MD

Managing Member, Walker Medical-Legal Consulting, PLLC

Signature of Client: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

Client Printed Name: \_\_\_\_\_\_