

Whiteside and Daniel, P.A.  
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**CONTRACT FOR FINANCIAL RESPONSIBILITY FOR FORENSIC SERVICES**  
Waiver of any Applicable Right to File for Reimbursement by BCBS or State Health Plan

I request that Reid Whiteside, Ph.D., Whiteside & Daniel, P.A., provide required or requested services for me and/or on behalf of my dependent spouse, and/or my adult or minor child specified below, who were or are patients of Dr. Whiteside, Whiteside and Daniel, P.A.:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Patient One's Name                      Patient Two's Name                      Patient Three's Name

I will pay the full, posted costs of Dr. Whiteside's professional time and services rendered for forensic or legal purposes, which were not exclusively medically necessary.

I agree Dr. Whiteside will not file insurance claims and I will not file a insurance claims for charges rendered for these services that may include, but are not limited to the following:

1. Communication with attorney(s) or County ADA regarding any legal matter, civil or criminal, involving me, my family member, and/or my estranged/divorced spouse.
2. For receiving and reviewing any subpoena in regard to my case (@ \$200 per subpoena)
3. Professional time, and administrative and legal expenses incurred in responding to a subpoena, e.g. attending deposition, court, or conference with attorneys. Refer to Patient-Psychologist contract that specifies terms required to retain Dr. Whiteside for deposition or court testimony, (e.g., in part specifies a rate of \$270/hour, with \$1,080 paid 2 weeks in advance to reserve time for 4 hours minimum).
4. Cost of copying, mailing & delivering files requested by attorney or Court (NC §-90-411)
5. Cost of preparing written correspondence or reports requested or required in legal matters

Failure to comply with the terms of this contract may be reported to the Judge presiding in the pertinent matter and result in collection action or reporting to credit agencies. Failure to comply with this contract will result in immediate termination of all clinical services provided by Whiteside and Daniel, PA to all patients who are party to the legal matter, though assistance will be offered to facilitate a transfer to another clinician if needed or requested.

\_\_\_\_\_  
Signature of Patient (or Parent of Minor or Dependent Patient)                      Date

\_\_\_\_\_  
Signature of Reid Whiteside, Ph.D., NC Licensed Psychologist                      Date