HARBOR CASE ADMINISTRATION

The Surgeon's Guide to Deposition Scheduling & Medical-Legal Invoicing

A practical reference for orthopedic and spine surgeons treating personal injury patients — what deposition and testimony requests actually involve, how medical-legal invoicing and liens work, and a checklist you can use starting this week.

harborcaseadmin.com

hello@harborcaseadmin.com

INTRODUCTION

Why this administrative layer exists in the first place

If you treat patients under liens or letters of protection, litigation isn't a side effect of your practice — it's a recurring part of it. Every case that goes into litigation eventually needs a deposition or testimony date, and every treatment delivered on a lien or LOP eventually needs to be invoiced and collected on. Neither of those things is clinical work, but both land on a surgeon's desk anyway because there's rarely anyone else assigned to own them.

This guide walks through both pieces plainly: what a law firm actually needs from you when a deposition is requested, how medical-legal invoicing differs from ordinary billing, and where practices most often lose time or money without realizing it. The last section is a straightforward checklist you can apply to your own caseload today, independent of whether you ever bring in outside help for it.

Who this is for: solo and small-group orthopedic and spine surgeons with an active personal injury caseload — typically treating under liens or letters of protection, and periodically pulled into depositions or trial testimony tied to those cases.

1 DEPOSITION & TESTIMONY SCHEDULING

What a deposition request actually requires from your practice

A deposition or trial testimony request usually arrives as a phone call or email from a law firm's paralegal, sometimes with very little lead time. What happens next determines whether it costs you an afternoon of clinic time or gets absorbed cleanly around it.

The request itself

Firms typically ask for a range of available dates rather than a single fixed one — but if nobody owns tracking your actual calendar against litigation deadlines, the easiest slot to offer is often whatever's asked for first, which is frequently the worst slot for your clinic.

Confirming logistics

Location (in-person, at your office, or remote via videoconference), expected duration, which attorney will be taking or defending the deposition, and whether it's a fact-witness deposition (about your own treatment) or an expert opinion — each changes your prep time and appropriate fee.

Setting your fee in advance

Expert and treating-physician deposition fees are customary in most jurisdictions and are usually agreed before the deposition is scheduled — not after. A rate set case-by-case, under time pressure, tends to be lower than one set once, consistently, as a standing policy.

Rescheduling and cancellations

Litigation timelines shift constantly — continuances, settlements, and discovery delays all move deposition dates, sometimes with only a day or two of notice. Without a clear cancellation-fee policy communicated up front, a cleared clinic afternoon can simply go unpaid.

Why lien-based billing behaves differently from ordinary insurance billing

Treatment provided under a lien or letter of protection isn't paid at the time of service — payment is deferred until the underlying case resolves, which can take months or years. That deferral is exactly where medical-legal invoicing tends to break down inside a normal billing workflow built around insurance claims.

Where it commonly goes wrong

- ☐ Invoices go out late because a deposition or treatment date was never logged against the matter
- ☐ No single record of which cases have settled and which invoices are still outstanding
- ☐ Follow-up on an aging invoice falls to whoever has time that week, so it doesn't happen consistently
- ☐ A case settles and the firm's disbursement doesn't match what was actually invoiced, with no one positioned to catch the gap

What a clean process looks like

- ☐ Every case in litigation logged in one place, with its lien or LOP status current
- ☐ Invoices issued the moment a service or deposition date is confirmed — not weeks later
- ☐ A standing cadence for following up on invoices outstanding past a set threshold
- ☐ Settlement disbursements checked against what was actually billed before the file is closed

The practical effect: the gap between "treatment provided" and "invoice paid" is where lien-based revenue most often goes missing — not because the case didn't settle, but because nobody was tracking the invoice through to collection.

3 A PRACTICAL CHECKLIST

Eight questions worth asking about your own caseload right now

You don't need outside help to benefit from this list — most of it is simply making sure one clear answer exists for each question, and that the answer lives somewhere other than one person's memory.

- [ ] Do you have a single, current list of every active case in litigation — not scattered across email threads and sticky notes?
- [ ] Is there a standing, quoted rate for deposition and testimony time, agreed before a firm calls to schedule one?
- [ ] Is every deposition or testimony request checked against your clinic calendar before a date is confirmed, or after?
- [ ] Is there a cancellation or rescheduling fee policy, communicated to firms in writing, before it's needed?
- [ ] Is an invoice generated the same day a deposition date or lien-based service is confirmed — or does it wait for a monthly batch?
- [ ] Does anyone follow up on an invoice that's gone 30, 60, or 90 days without payment — and is that follow-up actually happening?
- [ ] When a case settles, is the disbursement checked against the original invoice before the file is marked closed?
- [ ] If you were unavailable for two weeks, would litigation-related requests still get handled — or would they simply wait for you?

WHEN OUTSIDE HELP MAKES SENSE

If most of that list needs a "no" or an "it depends"

That's normal — this work competes directly with patient care for the same hours, and there's rarely a role on a small practice's staff whose job is specifically to own it. That's the gap Harbor Case Administration exists to fill: one dedicated point of contact who handles deposition and testimony scheduling, medical-legal invoicing, and law firm communication, so it stops being the surgeon's problem to track.

Harbor Case Administration

Deposition & testimony scheduling · medical-legal invoicing & collections · case & matter tracking · law firm communication — for orthopedic and spine surgeons with an active personal injury caseload.

hello@harborcaseadmin.com · harborcaseadmin.com