

Southern Orthopaedic Specialists

GENERAL ORTHOPAEDIC SURGERY • SURGERY OF THE HAND
SPORTS MEDICINE • ARTHROSCOPIC SURGERY • SURGERY OF THE SPINE
JOINT RECONSTRUCTION • SURGERY OF THE FOOT & ANKLE

Terry L. Habig, M.D.
Chad W. Millet, M.D.
Timothy P. Finney, M.D.
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Field Ogden, M.D.
Andrew G. Todd, M.D.
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Daniel C. Riordan, M.D. *1917-2012*
J. Kenneth Saer, M.D. - *Retired*
Clay Williams, M.D. - *Retired*
J. Lee Moss, M.D. - *Retired*

Office Administrator,
Virginia Hymel

LETTER OF GUARANTEE FOR EVALUATION AND TREATMENT

Name of Examinee: _____

Name of Guarantor: _____

Name of Law Firm: _____

Address: _____

Phone #: _____

I, the above named guarantor on behalf of the above named Law Firm agree to;

- 1) An initial deposit of \$500 made payable to LMG LLC.
- 2) Pay all future medical expenses within 30 days of receipt.
- 3) Agree to pay a 5% penalty on all amounts owned if not paid within 30 days.
- 4) Forward all relevant medical documents on paper & disc format at least one week prior to appointment.
- 5) Agree to current court fees should the case go to trial.
- 6) Please note - If your client presents their personal health insurance card at the reception desk we are obligated to file all charges to that carrier.

Signature: _____ Date _____

(Southern Orthopaedic Specialists reserve the right to cancel appointments should any of the above conditions not be met.)