

# 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.  
Gregor J. Hoffman, M.D.  
Claude S. Williams IV, M.D.  
Field Ogden, M.D.  
Andrew G. Todd, M.D.  
Michael J. McNulty, M.D.



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.)