

OrthoGroup LLC
P.O. Box 2311
Alpharetta, GA 30023

RE: Instructions regarding insurance

Dear Provider:

I have health insurance or am eligible for a governmental medical program, but that insurance or program is either not offering coverage for the necessary procedure(s), or I cannot afford to have you submit the charges for the necessary procedures to that insurance or program. Therefore, I am asking that you perform the necessary procedure(s) on a lien and I am instructing you to not submit the charges for such medical care to my insurance or governmental medical program.

In exchange for your agreement to not submit to any health insurance or governmental medical program, I agree to pay the full amount of the charges for such necessary procedure(s) to you and your assigns, regardless of the outcome of my claim or lawsuit. I waive any right I may have under any statute or regulation to limit your and your assign's recovery of the full amount of the charges. I agree to indemnify and hold harmless you and your assigns for all losses arising out of, based upon, or resulting from the application of any statute or regulation limiting, in whole or in part, your and your assign's recovery of the full amount of the charges.

Client

Date