



Letter of Guarantee

I, the undersigned attorney and law firm ("GUARANTOR"), hereby formally request for EPIC Specialty Pharmacy (the "PHARMACY") to arrange for the provision of Pharmacy services ("SERVICES") to my client, _____ ("PATIENT"), resulting from or related to a personal injury sustained by Patient on _____ (the "ACCIDENT").

Guarantee Agreement. Guarantor accepts absolute and full responsibility for services rendered to the Patient. Guarantor further agrees to protect the interests, assignments, and privileges of recourse to Pharmacy for bill payment, at the underlying provider's full billed rate. Guarantors, with the individual signing Guarantor liable in solido with the firm, are responsible for performance of any and of all obligations due and owing to Pharmacy by Patient or Guarantor. The Pharmacy may seek full payment from Guarantors, or either of them, without necessity of putting the underlying obligation into default, and without any requirement of taking initial recourse against the Patient. Guarantor certifies his ability to bind the below stated law firm. This agreement is severable, if any component is invalid the remaining parts shall be enforceable. Any action to enforce this guarantee agreement may be instituted in the Twenty-Fourth Judicial District Court, State of Louisiana, and the Pharmacy is entitled to all reasonable attorney's fees and costs of collection in the event collection action is undertaken.

In consideration of and in order to induce the Pharmacy to extend 30 days of credit to, or otherwise become the creditor for the provision Services to the Patient, Guarantor hereby grants an irrevocable and continuing guarantee of payment unto Pharmacy, of any and all of its obligations due and owing with regard to the costs, fees, and expenses related to the provision of pharmacy services to the Patient resulting from the Accident. Guarantor certifies that Patient and Guarantor consent and accept the above referenced charges for pharmacy services deemed medically necessary by Patient's providers to be reasonable. This Guarantee shall remain in force until revoked by Guarantor's written notice to Pharmacy, but such revocation shall be effective only as to claims which arise out of services provided after receipt of such notice.

Please accept my signature below as acceptance of the charges and payment terms herein and authorization to EPIC Specialty Pharmacy to proceed with the requested Services.

Executed on the _____ day of _____, 20 ____.

Guarantor: _____
Signed *Printed*

Law Firm: _____