



North Alabama Bone & Joint Clinic, P.C.

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AARON M. HOWELL, D.O., *Diplomate, ABPMR*
JONATHAN WRIGHT, M.D., *Board Eligible, ABOS*

Tammy Highfield
Administrator

PROMISSORY NOTE

PATIENT NAME: _____ PATIENT ACCT#: _____

In installments as herein stated for value received, the undersigned promises to pay to NORTH ALABAMA BONE & JOINT CLINIC, P.C., 2129 HELTON DRIVE, FLORENCE, ALABAMA 35630 \$ _____ PER MONTH beginning on the _____ day of _____ 20____ and continuing until the balance of the account is paid in full.

Upon default in payment on any installment, then the balance of this obligation shall become due immediately at the option of the holder thereof.

If this note is not paid when due, the undersigned promises to pay in addition all costs of collection and reasonable attorney's fees incurred by the holder hereof on account of such collection, whether or not suit is filed hereon.

The undersigned shall be deemed makers, and shall be jointly, severally and individually liable as makers.

On the happening to or by any maker of any of the following events, this note and all other obligations, direct or contingent, of any such maker or endorser hereof to payee for the purpose of obtaining credit or an extension of credit; any assignment for the benefit of creditors; voluntary or involuntary application for, or appointment of, a receiver; filing a voluntary or involuntary petition under any of the provisions of the federal bankruptcy laws; death; or, if at any time in the sole discretion of the payee, the undersigned's financial responsibility shall become impaired or unsatisfactory to the payee.

Each maker consents to renewals, replacements, and extensions of time for payments hereof before, at, or after maturity, consents to the acceptance of security, if any, for this note, and waives demand and protest. All payments made hereunder shall be made in the lawful money of the United States.

Executive this _____ day of _____, 20____ at FLORENCE, ALABAMA.

WITNESS _____

Phone (256) 246-3200 Ext 235

Muscle Shoals Office
104 Physicians Drive
Muscle Shoals, AL 35661
(256) 718-3200

Florence Office
2129 Helton Drive
Florence, AL 35630
(256) 718-3200

Rogersville Office
16023 Highway 72
Rogersville, AL 35652
(256) 718-3200