

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY SURRENDER

I, LOUIS THOMASON PAYNE, M.D., do voluntarily surrender my certificate of qualification and license to practice medicine or osteopathy in the State of Alabama, identified by license number MD.3505, under the provisions of Ala. Code § 34-24-361(g). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners (“Board”).

I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I understand that this surrender shall have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title, and privilege to practice medicine in the State of Alabama, unless and until such time as my license may be reinstated, in the discretion of the Board and Medical Licensure Commission.

I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing. I also understand that both the Board and Medical Licensure Commission shall have access to any investigative file in this matter should I request reinstatement of my certificate of qualification and medical license, and that the Board has the right to contest my reinstatement. I understand that the Board may summarily deny any petition for reinstatement of my certificate of qualification for two (2) years from the effective date of this surrender. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Board’s rules, which include, but are not limited to, demonstrating to the satisfaction of the Board that I am able to practice

medicine with reasonable skill and safety to patients.

I understand that this surrender shall become effective upon acceptance by the Board. I further acknowledge that this voluntary surrender constitutes a public record of the Board and will be reported by the Board to the National Practitioner Data Bank (NPDB) and to the Federation of State Medical Boards. This voluntary surrender may be released by the Board to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 19th day of October, 2020.


LOUIS THOMASON PAYNE, M.D.

Witnessed by:

(Print) Scott Sides

(Sign) Scott Sides

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

MEMORANDUM OF AGREEMENT

I, LOUIS THOMASON PAYNE, M.D., agree not to seek reinstatement of my certificate of qualification and license to practice medicine or osteopathy in the State of Alabama, identified by license number MD.3505. I take this action based on the agreement by the Alabama State Board of Medical Examiners (the "Board") to accept the voluntary surrender of my certificate of qualification and medical license and to terminate the existing investigation into my practice of medicine.

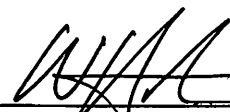
The parties to this agreement are the Board and me. I agree to be bound by the terms of this agreement, and I expressly permit the Board to use this document as evidence of our agreement should I attempt to reinstatement my certificate of qualification and license to practice medicine. I agree that the Board may reopen the investigation and pursue disciplinary action if I violate this agreement.

I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence.

EXECUTED this 19th day of October, 2020.



LOUIS THOMASON PAYNE, M.D.



E. WILSON HUNTER
General Counsel
Alabama Board of Medical Examiners

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

**VOLUNTARY SURRENDER OF
ALABAMA CONTROLLED SUBSTANCES CERTIFICATE**

After being fully advised of my rights and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

I, LOUIS THOMASON PAYNE, M.D., hereby knowingly, freely, and voluntarily surrender any authority under my Alabama Controlled Substances Certificate, ACSC number ACSC.3505, to order, manufacture, distribute, possess, dispense, administer or prescribe Schedule II, IIN, III, IIIN, IV and/or V controlled substances.

I understand and acknowledge I will have no authority to order, dispense, distribute, administer, or prescribe controlled substances in the state of Alabama.

I further understand and acknowledge that this surrender shall be effective immediately upon execution.

I acknowledge that I sign this document willingly and that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly, and voluntarily waive such right to a hearing.

I also understand that the Alabama Board of Medical Examiners (“Board”) shall have access to any investigative file in this matter should I request reinstatement of my ACSC, and that the Board has the right to contest my reinstatement. I understand that the Board may summarily deny any petition for reinstatement for two (2) years from the effective date of the surrender of my ACSC. I further understand that upon applying for reinstatement, it shall be my burden to prove by sufficient evidence that I satisfy the criteria for reinstatement as provided for in the Board’s rules, which include, but are not limited to, demonstrating to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients.

I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank (NPDB) and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 19th day of October, 2020.


LOUIS THOMASON PAYNE, M.D.

Witnessed by:

(Print) Scott Sides (Sign) 