

[Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Client Name/Provider Name]
[Contact Person]
[Address]
[City, State, Zip Code]

RE: Engagement for Medical Debt Collection Legal Services

Dear [Client Name],

This letter confirms that [Law Firm Name] ("the Firm") has been engaged by [Client Name] ("the Client") to provide legal services related to the collection of delinquent medical accounts. This engagement is subject to the following terms:

1. Scope of Services

The Firm will represent the Client in the pursuit of unpaid medical debts. Services include, but are not limited to, sending formal demand letters, negotiating settlements, filing lawsuits, obtaining judgments, and executing post-judgment collection actions. All actions will be conducted in compliance with the Fair Debt Collection Practices Act (FDCPA) and applicable state laws.

2. Fee Arrangement

[Choose one and delete the others:]

- **Contingency Fee:** The Firm will receive [Percentage]% of all gross amounts recovered.
- **Hourly Fee:** The Firm will bill at a rate of \$[Amount] per hour.
- **Flat Fee:** The Firm will charge \$[Amount] per account placed for collection.

3. Costs and Expenses

The Client shall be responsible for all out-of-pocket costs, including court filing fees, process server fees, and expert witness fees. These costs will be [billed monthly / deducted from recoveries].

4. Client Responsibilities

The Client agrees to provide accurate account documentation, including itemized statements and signed consent forms. The Client must notify the Firm immediately if any direct payments are received from a debtor.

5. Compliance and HIPAA

The Firm agrees to maintain the confidentiality of Protected Health Information (PHI) in

accordance with the Health Insurance Portability and Accountability Act (HIPAA) and will sign a separate Business Associate Agreement (BAA) if required.

6. Termination

Either party may terminate this agreement upon [Number] days' written notice. Upon termination, the Client remains responsible for costs incurred and earned fees up to the date of termination.

Please sign below to acknowledge your acceptance of these terms.

Sincerely,

[Attorney Name]
[Law Firm Name]



Accepted and Agreed:

[Client Authorized Signature]

[Date]