

## LETTER OF PROTECTION

**DATE:** [Date]

**TO:** [Name of Chiropractic Clinic/Doctor]

**ADDRESS:** [Clinic Address]

**RE:** [Patient Name]

**DATE OF INCIDENT:** [Date of Accident/Injury]

**CLAIM NUMBER:** [Insurance Claim Number, if known]

To Whom It May Concern,

Please be advised that this office represents the above-named client regarding personal injury claims arising from the incident referenced above. This letter serves as a Letter of Protection concerning the chiropractic services provided to our client.

We hereby request that you provide all necessary and reasonable chiropractic treatment to [Patient Name] for injuries sustained in this incident. In consideration for your agreement to provide treatment on a credit basis, we agree to withhold sufficient funds from any settlement, judgment, or insurance recovery received on behalf of our client to satisfy your outstanding medical bills for this specific matter.

Please note the following terms:

- Payment is contingent upon the successful recovery of funds via settlement or verdict.
- This letter does not guarantee the full amount of your bill if the recovery is insufficient to cover all liens and costs.
- The client remains ultimately responsible for the payment of your services should there be no recovery.

Please forward all initial evaluations, progress reports, and final billing statements to our office as they become available.

Sincerely,

[Attorney Name]

[Law Firm Name]

[Phone Number]

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## ACKNOWLEDGMENT BY CLIENT:

I hereby authorize and direct my attorney to pay the above-mentioned chiropractic provider directly from the proceeds of my settlement or judgment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_