

LETTER OF PROTECTION

Date: [Current Date]

To: [Name of Physical Therapy Clinic]

Address: [Clinic Address]

City, State, Zip: [City, State, Zip]

RE: [Patient Name]

Date of Incident: [Date of Accident/Injury]

Claim Number: [Insurance Claim Number, if applicable]

To Whom It May Concern,

This letter serves as a Letter of Protection regarding the physical therapy services provided to my client, [Patient Name], for injuries sustained in the above-referenced matter.

I represent [Patient Name] in a legal claim for damages. In consideration of your agreement to provide medical treatment on credit, I hereby agree to withhold and pay directly to your office such sums as may be due and owing for services rendered to my client out of any settlement, judgment, or verdict which may be paid to my office on behalf of the client.

Please be advised that this agreement does not make the undersigned attorney personally liable for the medical bills. Payment is contingent upon a recovery being made. However, the client remains personally responsible for the total amount of the bill regardless of the outcome of the legal case.

Please provide my office with a copy of the initial evaluation and all subsequent progress notes and billing statements as they become available.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]

[Law Firm Name]

[Phone Number]

ACKNOWLEDGMENT BY PATIENT

I hereby authorize and direct my attorney to pay the above-named provider directly from the proceeds of any recovery in my case. I understand that I am ultimately responsible for the payment of all medical charges incurred.

[Patient Signature]

Date: [Date]