

Date: [Date]

To: [Neurologist Name/Clinic Name]

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]

Dear [Neurologist Name/Billing Department],

Please be advised that this office represents the above-named patient regarding injuries sustained in the incident referenced above. This letter serves as a formal Letter of Protection (LOP).

We understand that your office will provide neurological consultation, diagnostic testing, and/or treatment to our client on a credit basis. In consideration for these services, we agree to protect your outstanding medical bills from any settlement, judgment, or recovery obtained on behalf of our client.

We hereby instruct our firm to withhold sufficient funds from any such recovery to satisfy your reasonable and necessary medical charges related to this injury. Payment will be issued directly to your office upon the final resolution of the legal claim.

Please provide this office with copies of all medical records and itemized billing statements as they become available. If you have any questions regarding this agreement, please contact our office immediately.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

Patient/Client Acknowledgement:

I hereby authorize and direct my attorney to pay the above-named medical provider directly from any settlement or judgment proceeds. I understand that I remain personally responsible for these medical charges should there be no recovery or if the recovery is insufficient to cover the total balance.

[Patient Signature]

[Date]