

AMENDED MEDICAL LETTER OF PROTECTION

Date: [Date]

To: [Name of Medical Provider/Facility]

Address: [Provider Address]

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

Re: Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date of Incident]

Our File Number: [File Number]

To Whom It May Concern,

This letter serves as an AMENDMENT to the original Letter of Protection dated [Date of Original LOP]. This amendment is issued to reflect the following changes: [State changes, e.g., updated law firm, change in treating physician, or addition of new services].

Please be advised that this firm represents the above-named patient in a legal claim for personal injuries sustained in the incident referenced above. This letter is a formal agreement to protect your outstanding medical bills for services rendered to our client related to this specific claim.

In consideration for your agreement to provide medical treatment and to defer collection of payment until the conclusion of the legal matter, we agree to withhold sufficient funds from any settlement or judgment to satisfy your reasonable medical charges. This protection is subject to the following conditions:

- The patient remains ultimately responsible for the payment of all medical bills regardless of the outcome of the legal case.
- This firm will only honor charges directly related to the injuries sustained in the incident dated [Date of Incident].
- Payment will be made directly to your office upon the receipt and clearing of settlement or judgment funds in our trust account.

Please provide our office with all updated medical records and itemized billing statements as they become available. This amended letter supersedes any prior agreements regarding this matter.

Please acknowledge your receipt and acceptance of this Amended Letter of Protection by signing below and returning a copy to our office.

Sincerely,

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGED AND AGREED:

Signature of Medical Provider: _____

Date: _____

Signature of Patient/Client: _____

Date: _____