

LETTER OF PROTECTION

Date: [Date]

To: [Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip]

Re: Patient Name: [Patient Name]
Date of Injury: [Date of Injury]
Claim/Case Number: [Case Number]

Dear [Attorney Name],

This letter serves as a Letter of Protection regarding the orthopedic medical treatment and/or surgical services provided to the above-referenced patient for injuries sustained on [Date of Injury].

In consideration of [Surgeon Name/Practice Name] (the "Provider") agreeing to treat the patient on a credit basis and awaiting payment until the conclusion of the patient's legal claim, the patient and the undersigned attorney hereby agree to the following:

1. The patient remains personally responsible for all medical charges incurred, regardless of the outcome of any legal action or insurance settlement.
2. The attorney is directed to withhold sufficient funds from any settlement, judgment, or insurance recovery to pay the Provider's outstanding balance in full.
3. The attorney agrees to pay the Provider directly from the proceeds of any recovery before distributing any remaining funds to the patient.
4. This agreement shall not be revoked or modified without the written consent of the Provider.

Please acknowledge your agreement to these terms by signing below and returning a copy to our office.

Sincerely,

[Orthopedic Surgeon Name]
[Practice Name]

ACKNOWLEDGMENT AND ACCEPTANCE

I, the patient, have read and understand this agreement and hereby authorize and direct my attorney to pay the Provider as stated above.

_____ Date: _____
[Patient Signature]

I, the attorney, agree to honor this Letter of Protection and will withhold and remit payment to the Provider from any settlement or judgment proceeds.

_____ Date: _____
[Attorney Signature]