

Date: [Date]

TO: [Medical Provider Name/Facility]

ATTN: Billing/Legal Department

ADDRESS: [Provider Address]

RE: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date of Accident/Injury]

Account Number: [Provider Account Number]

Dear Billing Manager,

This office represents the above-named client regarding personal injury claims arising from the date of incident referenced above. We are currently in the process of attempting to resolve this matter.

The total available settlement funds are limited and are insufficient to satisfy all outstanding medical liens, legal costs, and attorney fees while providing the client with a reasonable recovery. To facilitate a global settlement, we are requesting a reduction of your outstanding balance held under a Letter of Protection (LOP).

Total Current Balance: \$[Amount]

Proposed Reduction Amount (Payoff): \$[Amount]

By accepting this reduced amount as full and final payment, you allow us to finalize the distribution of funds immediately. Please indicate your acceptance of this reduction by signing below and returning this letter to our office via fax or email.

Upon receipt of the signed agreement and the finalized settlement draft, we will issue payment to your facility.

Thank you for your cooperation and for the care provided to our client.

Sincerely,

[Attorney Name]

[Law Firm Name]

ACCEPTANCE OF REDUCTION

The undersigned hereby agrees to accept the sum of \$ _____ as full and final satisfaction of the lien/account for the above-referenced patient.

Signature: _____

Date: _____

Title: _____