

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Medical Provider Name]

[Billing Department]

[Address]

[City, State, Zip Code]

RE: Final Settlement and Payment of Letter of Protection

Patient Name: [Patient Name]

Date of Accident/Injury: [Date]

Account/Reference Number: [Account Number]

Dear Billing Department,

We are pleased to inform you that the personal injury claim for the above-referenced client has been settled. In accordance with the Letter of Protection (LOP) previously issued to your office, we are now issuing payment for medical services rendered.

Please find enclosed a check in the amount of \$[Amount] as full and final payment for the outstanding balance on this account. This payment is issued pursuant to the agreed-upon terms [optional: and the negotiated reduction agreed to on Date].

By accepting and depositing the enclosed payment, you acknowledge that the client's account is paid in full and that any liens or claims associated with this account are hereby released and satisfied.

Should you have any questions regarding this payment, please contact our office immediately.

Sincerely,

[Your Signature]

[Your Printed Name/Firm Name]

Enclosure: Check No. [Check Number]