

LETTER OF PROTECTION AGREEMENT

Date: [Date]

To: [Physical Therapy Clinic Name]
Attn: Billing Department
[Clinic Address]
[City, State, Zip Code]

Re: [Patient Name]
Date of Injury: [Date of Accident/Injury]
Claim Number: [Claim Number, if applicable]

To Whom It May Concern,

I represent [Patient Name] in a personal injury claim arising from the above-referenced date of injury. This letter serves as a Letter of Protection (LOP) regarding the physical therapy services provided to my client.

My client is in need of physical therapy treatment for injuries sustained in the aforementioned incident. In consideration of your agreement to provide medical services to my client on credit and to defer payment until the conclusion of their legal claim, I hereby agree to the following:

1. I will notify your office upon the final settlement or judgment of this case.
2. I am authorized and directed by my client to withhold such sums from any settlement or judgment as may be necessary to pay your outstanding balance in full.
3. I agree to pay your bill directly from the proceeds of any recovery before any distribution is made to the client.

The client understands that they remain ultimately responsible for the payment of all medical bills regardless of the outcome of the legal case. This agreement does not waive your right to pursue payment from the client should the legal recovery be insufficient to cover the balance.

Please sign below to acknowledge your acceptance of this agreement and return a copy to my office.

Sincerely,

[Attorney Signature]
[Attorney Printed Name]
[Law Firm Name]

Acknowledged and Agreed:

[Patient Signature]

Date: _____

[Authorized Clinic Representative Signature]

Date: _____