

Date: [Insert Date]

TO: [Medical Provider Name/Billing Department]

ATTN: [Contact Person, if known]

FAX/EMAIL: [Insert Fax Number or Email Address]

RE: STATUS AND BALANCE INQUIRY

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Loss/Accident: [Insert Date of Accident]

Your Account/Reference #: [Insert Provider Account Number]

Dear Billing Department,

Our office represents the above-named client regarding injuries sustained in the aforementioned accident. This treatment is currently secured by a Letter of Protection (LOP) issued to your facility.

We are currently updating our records and requesting a formal status update on this account. Please provide the following information at your earliest convenience:

- A current itemized statement of all charges to date.
- The total outstanding balance currently owed under the LOP.
- Notification if the patient has completed treatment or is still actively being seen.
- Confirmation that no part of this balance has been sent to collections or billed to private insurance.

Please forward the requested documentation via fax to [Insert Fax Number] or via email to [Insert Email Address].

Thank you for your prompt attention to this request and for the care provided to our client.

Sincerely,

[Your Name/Assistant Name]

[Law Firm Name]

[Phone Number]