

**LETTER OF PROTECTION AGREEMENT**

**Date:** [Date]

**To:** [Pain Management Clinic Name]

**Address:** [Clinic Address]

**Attn:** Billing Department

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Date of Incident:** [Date of Incident]

**Claim Number:** [Claim Number]

I, [Attorney Name], represent the above-named patient in a legal claim for personal injuries sustained on the date mentioned above. This letter serves as a Letter of Protection regarding the pain management services provided to my client.

In consideration of your agreement to provide medical treatment and/or pain management services to my client on a credit basis, I agree to withhold and pay directly to your office such sums as may be due and owing for medical services rendered from any settlement, judgment, or verdict derived from my client's legal claim.

I further understand that this agreement does not relieve the patient of their personal responsibility to pay your bill. In the event there is no recovery, or if the recovery is insufficient to cover the medical expenses, the patient remains personally liable for the outstanding balance.

Please provide my office with copies of all medical records and itemized billing statements as they become available.

Sincerely,

\_\_\_\_\_  
[Attorney Signature]

[Attorney Printed Name]

[Law Firm Name]

**ACKNOWLEDGMENT BY PATIENT**

I hereby authorize my attorney to pay the medical provider directly from any proceeds of my legal case and agree to be bound by the terms of this Letter of Protection.

\_\_\_\_\_  
[Patient Signature]

[Date]