

LETTER OF PROTECTION AGREEMENT

Date: [Date]

To: [Diagnostic Imaging Center Name]

Address: [Imaging Center Address]

Fax/Email: [Contact Information]

RE: Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Date of Incident: [Date of Accident/Injury]

Law Firm File Number: [Reference Number]

To Whom It May Concern,

This letter serves as a formal Letter of Protection (LOP) regarding the diagnostic imaging services provided to the above-referenced patient for injuries sustained in the incident occurring on the date listed above.

The patient is currently represented by [Law Firm Name] in a legal claim for damages. We understand that the patient is in need of medical imaging services (e.g., MRI, CT Scan, X-Ray) but is currently unable to pay for these services upfront.

In consideration of your agreement to provide medical services and defer payment, we hereby agree to protect your outstanding balance from any settlement, judgment, or verdict obtained on behalf of the patient. We are instructed by the patient to withhold and pay directly to your facility the total amount due for services rendered from the proceeds of any recovery.

Please note that this agreement does not make the law firm personally liable for the medical bills; rather, it creates a lien against the proceeds of the legal claim. In the event there is no recovery or the recovery is insufficient to cover all liens, the patient remains personally responsible for the balance of your charges.

Please provide us with a copy of the final billing statement and the diagnostic reports once the services are completed.

Agreed and Accepted By:

[Attorney Name]

[Law Firm Name]

Patient Authorization:

I hereby authorize and direct my attorney to pay the diagnostic facility the full amount of their bills out of any settlement or judgment received. I understand that I am ultimately responsible for these charges regardless of the outcome of my case.

[Patient Signature]

[Date]