

[Date]

[Chiropractor Name]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

**RE: Letter of Protection**

**Patient Name:** [Patient Name]

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

**Claim Number:** [Claim Number]

Dear [Chiropractor Name/Billing Department],

Please be advised that this office represents [Patient Name] regarding injuries sustained in the above-referenced incident. Our client is seeking chiropractic evaluation and treatment at your facility.

This letter serves as a Letter of Protection. In consideration of your agreement to provide medical services and defer immediate payment, we agree to protect your medical bills from any settlement, judgment, or verdict received by the client in connection with this legal claim.

We instruct you to provide us with copies of all medical records and itemized billing statements upon the conclusion of treatment. Payment for your services will be made directly from the proceeds of the recovery at the time of the final settlement or resolution of the case.

Please note that this letter does not guarantee payment if there is no recovery, and the patient remains ultimately responsible for the costs of their medical care. However, we will notify you immediately of the outcome of this matter.

Please acknowledge your acceptance of these terms by signing below and returning a copy to our office.

Sincerely,

[Attorney Name]

[Law Firm Name]

**ACKNOWLEDGED AND AGREED:**

\_\_\_\_\_  
[Chiropractor or Authorized Representative Signature]

\_\_\_\_\_  
[Date Signed]