

**[Date]**

**[Attorney Name]**

[Law Firm Name]

[Address]

[City, State, Zip]

**RE: Updated Letter of Protection**

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

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

**Our Reference Number:** [Reference Number]

Dear [Attorney Name],

This letter serves to confirm that [Clinic Name] has updated the treatment plan for the above-referenced patient regarding injuries sustained in the incident on [Date of Incident].

In consideration of our agreement to continue providing chiropractic care and medical services on a credit basis, it is understood that this Letter of Protection (LOP) remains in full effect. By signing below, the patient and the attorney agree that all outstanding balances for services rendered shall be paid in full directly to [Clinic Name] out of any settlement, judgment, or insurance recovery obtained.

The patient further understands that they remain personally responsible for all medical charges incurred, regardless of the outcome of any legal action or insurance claim. This LOP acts as an irrevocable assignment of benefits and a lien against any such recovery.

Please acknowledge your agreement to honor this updated Letter of Protection by signing and returning a copy to our office.

Sincerely,

[Doctor Name/Clinic Administrator]

[Clinic Name]

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**ACKNOWLEDGED AND AGREED:**

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**[Patient Signature]**

Date:

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**[Attorney Signature]**

Date: