

[Date]

[Attorney Name]

[Law Firm Name]

[Address]

[City, State, Zip Code]

RE: Acknowledgment of Letter of Protection

Patient Name: [Patient Name]

Date of Incident: [Date of Incident]

Claim Number: [Claim Number, if applicable]

Dear [Attorney Name],

This letter is to formally acknowledge receipt of the Letter of Protection (LOP) dated [Date of LOP] regarding the above-referenced patient.

We agree to provide chiropractic evaluation and treatment to [Patient Name] for injuries sustained in the incident on [Date of Incident]. In consideration of your agreement to protect our medical lien, we will withhold immediate collection efforts against the patient and wait for payment from the proceeds of any settlement, judgment, or verdict obtained on the patient's behalf.

By accepting this LOP, we understand that:

- The law firm will notify this office immediately upon the resolution of the case.
- The law firm will withhold from the settlement proceeds the total amount due for services rendered by this office.
- Payment will be issued directly to [Clinic Name] within [Number] days of the firm receiving the settlement funds.

Please note that the patient remains ultimately responsible for the payment of all medical charges should there be no recovery or if the recovery is insufficient to cover the total balance.

We will provide you with copies of medical records and billing statements upon request and with the appropriate patient authorization.

Sincerely,

[Your Name/Authorized Signature]

[Title]

[Clinic Name]

[Phone Number]