

[Your Name/Law Firm Name]

[Street Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Chiropractor Name/Clinic Name]

[Street Address]

[City, State, Zip Code]

RE: Reduction Request for Letter of Protection

Patient Name: [Patient Name]

Date of Incident: [Date]

Total Outstanding Balance: \$[Amount]

Dear Billing Department,

We are writing to inform you that we have reached a final settlement regarding the personal injury claim for the above-referenced client. Unfortunately, the total settlement amount recovered is significantly lower than anticipated due to [mention reason, e.g., limited insurance policy limits / comparative negligence / disputed liability].

After deducting attorney fees and necessary legal costs, there are insufficient funds to satisfy all outstanding medical liens in full. To ensure our client receives a net recovery and all providers receive a pro-rata distribution, we are formally requesting a reduction of your outstanding balance.

Our Proposal:

We are requesting that you accept **[\$Proposed Amount]** as full and final satisfaction of the total balance owed (**[\$Amount]**).

Please review this request and notify our office if this reduction is acceptable. Upon receipt of your written acceptance, we will issue payment immediately from our trust account. Acceptance of this payment will serve as a full release of the Letter of Protection (LOP) and any further financial obligation from the client for these services.

Thank you for your professional services and for your cooperation in resolving this matter.

Sincerely,

[Your Signature]

[Your Printed Name]