

[Current Date]

[Provider Name/Clinic Name]

[Attn: Billing Department]

[Clinic Address]

[City, State, Zip Code]

RE: FINAL SETTLEMENT OFFER AND PAYMENT

Patient Name: [Patient Full Name]

Date of Accident: [Date]

Account/Patient ID: [Account Number]

Total Billed Amount: \$[Total Amount]

Dear [Contact Name or Billing Manager],

Our office has reached a final settlement regarding the personal injury claim for the above-referenced patient. As you are aware, your services were rendered under a Letter of Protection (LOP).

The total recovery for this claim was limited due to [briefly list reason: e.g., policy limits/comparative negligence/disputed liability]. In order to facilitate a global resolution of all liens and to ensure the patient receives a recovery, we are proposing a reduced final payment.

Enclosed is a check in the amount of **\$\$Settlement Amount**. This payment is offered as **full and final satisfaction** of any and all claims, liens, or bills your facility holds against our client and our firm for the services related to the date of loss mentioned above.

By endorsing and depositing the enclosed check, you agree to waive any remaining balance and release the patient from any further financial obligation regarding this account. Your office will mark this account as paid in full and cease any further collection efforts.

We appreciate the quality care you provided to our client and your cooperation in resolving this matter.

Sincerely,

[Your Name/Attorney Name]

[Law Firm Name]

[Phone Number]

Enclosure: Check #[Check Number]