

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Name of Chiropractic Office/Provider]
[Billing Department Address]
[City, State, Zip Code]

RE: Notice of Disputed Balance and Letter of Protection

Patient Name: [Patient Full Name]
Account Number: [Account Number]
Date of Incident: [Date of Accident/Injury]
Total Amount Disputed: \$[Total Amount]

To Whom It May Concern,

I am writing to formally dispute the outstanding balance on the above-referenced account. This treatment was necessitated by a personal injury matter currently being handled by my legal counsel. A Letter of Protection (LOP) was previously provided to your office regarding this matter.

I am disputing this balance based on the following reasons:

- [Reason 1: e.g., The charges exceed the usual and customary rates for these services.]
- [Reason 2: e.g., Duplicate billing for services rendered on [Date].]
- [Reason 3: e.g., Services billed were not authorized or performed.]

Pursuant to the Letter of Protection, payment for these services is deferred until the final settlement or judgment of my personal injury claim. Therefore, I request that you cease all direct collection efforts against me personally and refrain from reporting this disputed amount to any credit reporting agencies while the claim is pending.

Please provide an itemized statement and a copy of all signed agreements related to this account for my records. My attorney, [Attorney Name], can be reached at [Attorney Phone Number] should you need to discuss the status of the legal claim.

Sincerely,

[Your Signature]

[Your Printed Name]

cc: [Attorney Name/Law Firm]