

[Date]

[Chiropractor Name/Clinic Name]

[Address]

[City, State, Zip Code]

Re: Payment Disbursement for [Patient Name]

Patient: [Patient Name]

Date of Incident: [Date of Injury]

Our File Number: [Case Number]

Dear [Doctor Name/Billing Manager],

Enclosed please find a check in the amount of \$[Amount] representing payment for the chiropractic services rendered to the above-referenced client/patient.

This payment is issued in accordance with the Letter of Protection (LOP) held by your office. This amount constitutes [Full Payment / Pro-rata Settlement] of the outstanding balance for services provided following the incident on [Date].

Please update your records to show that the lien against this client's personal injury claim has been satisfied. If this payment is accepted as a final settlement of the account, please provide a final statement showing a zero balance for our files.

Thank you for your cooperation and for the care provided to our client.

Sincerely,

[Your Name/Firm Name]

[Phone Number]

[Email Address]

Enclosure: Check #[Check Number]