

Date: [Date]

To: [Chiropractor Name/Clinic Name]

Address: [Clinic Address]

City, State, Zip: [City, State, Zip]

RE: Letter of Protection and Authorization for Treatment

Patient Name: [Patient Full Name]

Date of Accident: [Date of Incident]

Claim Number: [Insurance Claim Number]

To Whom It May Concern,

I represent [Patient Full Name] regarding personal injuries sustained in an accident on the date referenced above. This letter serves as a formal Authorization for Treatment and a Letter of Protection (LOP) concerning the medical services provided by your facility.

I hereby authorize [Chiropractor Name/Clinic Name] to provide necessary chiropractic care and medical treatment to my client. In consideration for your agreement to treat my client on a credit basis, I agree to withhold such sums from any settlement, judgment, or verdict as may be necessary to pay your fees for services rendered to my client.

By accepting this letter, you agree to look solely to the proceeds of the legal claim for payment, rather than seeking immediate payment from the patient during the pendency of the case. Payment will be issued directly to your office upon the final resolution and receipt of funds from the third-party insurance carrier or responsible party.

Please provide my office with a copy of all initial evaluations, treatment plans, and periodic progress reports, along with a final itemized statement of charges upon the conclusion of treatment.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]

[Law Firm Name]

[Phone Number]

Acknowledge and Agreed:

[Patient/Client Signature]

[Chiropractor/Provider Signature]