

Date: [Date]

To: [Chiropractor Name/Clinic Name]

Address: [Clinic Address]

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

RE: Letter of Protection / Guarantee of Payment

Patient Name: [Patient Full Name]

Date of Incident: [Date of Accident/Injury]

Claim Number: [Insurance Claim Number, if applicable]

To Whom It May Concern,

Please be advised that this office represents [Patient Name] regarding personal injury claims arising from the incident referenced above. This letter serves as a formal Letter of Protection (LOP) concerning the chiropractic services and medical treatment provided to our client.

In consideration of your agreement to provide medical treatment to our client on credit, we hereby agree to withhold and pay to your facility such sums as may be due and owing for services rendered. This payment shall be made directly from any settlement, judgment, or recovery received by our client as a result of their legal claim.

Please note that this letter is a guarantee of payment from the proceeds of the legal claim only. This office does not personally guarantee payment of the bills. Our client remains ultimately responsible for the costs of all medical treatment provided.

We request that you provide us with copies of all medical records and itemized billing statements upon the conclusion of treatment. Should there be any change in our legal representation of this client, we will notify you immediately.

Please acknowledge your acceptance of this agreement by signing below and returning a copy to our office.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGMENT AND ACCEPTANCE:

I hereby authorize the above-named attorney to pay directly to [Clinic Name] any sums due for medical services rendered and to withhold such sums from any settlement or judgment.

[Patient Signature]

[Provider/Authorized Representative Signature]