

Date: [Current Date]

To: [Attorney Name/Law Firm]

[Attorney Address]

[City, State, Zip Code]

RE: ADDENDUM TO LETTER OF PROTECTION

Patient Name: [Patient Full Name]

Date of Incident: [Date of Accident/Injury]

Claim Number: [Insurance Claim Number, if applicable]

Dear [Attorney Name],

This letter serves as a formal addendum to the original Letter of Protection (LOP) dated [Date of Original LOP] regarding the chiropractic treatment of the above-referenced patient.

The purpose of this addendum is to include the following additional services and/or updates to the existing agreement:

- **Extended Treatment Plan:** The patient requires [Number] additional weeks/months of care due to [Brief Reason, e.g., plateaued progress or new symptoms].
- **Additional Diagnostic Testing:** This LOP now extends to cover [Specific Test, e.g., MRI or X-ray] performed on [Date].
- **Updated Estimated Costs:** The estimated cost of additional treatment is \$[Amount], bringing the total anticipated lien to \$[Total Amount].

All other terms and conditions of the original Letter of Protection remain in full force and effect. We will continue to withhold collection efforts against the patient personally in exchange for your agreement to protect our interest and pay this provider directly from any settlement, judgment, or recovery received in this matter.

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

Sincerely,

[Chiropractor Name]

[Clinic Name]

[Phone Number]

Acknowledge and Agreed:

[Attorney Signature]

[Date Signed]