LETTER OF PROTECTION

Date: [Date]

To: [Name of Imaging Center/Provider]
Address: [Provider Address]
City, State, Zip: [City, State, Zip]

RE: Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]

To Whom It May Concern:

Please be advised that this office represents the above-named patient in a legal claim for personal injuries sustained in the incident referenced above.

This letter shall serve as a Letter of Protection concerning the diagnostic imaging services (MRI, CT, X-Ray, etc.) provided to our client. We request that you provide the necessary medical services and withhold collection efforts against the patient personally pending the resolution of their legal claim.

In consideration for your agreement to provide these services on credit, we hereby agree to protect your medical bills and will pay the same directly from any settlement, judgment, or verdict received on behalf of the patient. This letter creates a lien against any such recovery.

Please provide this office with a copy of the final itemized billing statement and the formal radiology reports once the imaging is completed.

This agreement does not waive the patient's ultimate responsibility for the bill should there be no recovery in their legal case. Please acknowledge your acceptance of these terms by signing below and returning a copy to our office.

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]

ACKNOWLEDGMENT AND ASSIGNMENT BY PATIENT:

I hereby authorize my attorney to pay the costs of my diagnostic imaging directly to the provider from the proceeds of my legal claim. I understand I remain personally responsible for any balance not covered by a recovery.

Patient Signature: _____ Date: _____

ACCEPTED BY IMAGING PROVIDER:

Provider Representative: _____ Date: _____