MAGNETIC RESONANCE IMAGING (MRI) LETTER OF PROTECTION

Date: [Date]

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

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

To Whom It May Concern,

Please be advised that this firm represents the above-named patient in a legal claim for damages arising from the incident occurring on the date listed above. My client requires Magnetic Resonance Imaging (MRI) diagnostic services as part of their medical treatment.

This letter shall serve as a Letter of Protection (LOP) regarding the costs of the MRI services provided. In consideration for your agreement to provide these services on credit and to defer payment until the conclusion of the legal claim, this office agrees to protect your outstanding balance from any settlement, judgment, or verdict received on behalf of the client.

We further agree to notify your facility upon the resolution of this case and to withhold sufficient funds from the proceeds to satisfy your bill, provided the charges are reasonable and related to the incident in question.

The client remains ultimately responsible for the payment of this debt should there be no recovery or if the recovery is insufficient to cover the total medical expenses. Payment will be issued directly from this firm's trust account upon receipt of funds.

Please provide us with a copy of the final billing statement and the MRI report once the procedure is completed.

Sincerely,

[Attorney Name]
[Law Firm Name]
[Phone Number]

ACKNOWLEDGMENT AND ASSIGNMENT BY PATIENT

I hereby authorize my attorney to pay directly to [Imaging Center Name] such sums as may be due for MRI services rendered and to withhold such sums from any settlement or judgment. I

understand that I am financially responsible for this debt regardless of the outcome of my legal case.

Patient Signature: _____ Date: _____