DATE: [Date]

TO: [Imaging Center Name]
ATTN: Billing/Legal Department
ADDRESS: [Imaging Center Address]

RE: NOTICE OF SETTLEMENT

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Loss/Injury: [Date of Incident]
Account/Invoice Number: [Account Number]

Dear Billing Manager,

Please be advised that the personal injury claim associated with the above-referenced patient has reached a settlement. Our records indicate that your facility provided diagnostic imaging services for this patient under a Letter of Protection (LOP).

At this time, we request a final verified statement of all outstanding charges for this patient. Please confirm if there are any outstanding balances or if any portion of the bill has been paid by other sources.

We are currently in the process of calculating the final distribution of funds. Please provide the final payoff amount via fax to [Your Fax Number] or email to [Your Email Address] within [Number] business days to ensure your lien is addressed during the disbursement process.

Thank you for your cooperation in this matter.

Sincerely,

[Your Name/Law Firm Name]
[Phone Number]
[Email Address]