[Date]

[Imaging Center Name]
[Address]
[City, State, Zip Code]

RE: Letter of Protection

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Accident: [Date of Incident]
Claim Number: [Claim Number (if available)]

To Whom It May Concern,

This letter serves as a formal Letter of Protection (LOP) regarding the diagnostic imaging services provided to the above-named patient for injuries sustained in an accident on the date referenced above.

I represent [Patient Name] in a personal injury claim. In consideration of your agreement to provide medical services and diagnostic imaging (such as MRI, CT Scan, or X-ray) on credit, my client hereby authorizes and directs me to pay your reasonable fees directly from the proceeds of any settlement, judgment, or recovery obtained in this matter.

By accepting this letter, you agree to forgo immediate payment and will not refer this account to a collection agency while the legal claim is pending. Please provide my office with copies of all medical reports and itemized billing statements related to these services.

This agreement does not guarantee the outcome of the legal case; however, I will notify your office upon the resolution of the claim.

Please acknowledge your acceptance of these terms by signing below and returning a copy to my office.

Sincerely,

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

Acknowledged and Agreed:

_____
Representative for [Imaging Center Name]

_____

Date