Date: [Insert Date]

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

RE: [Patient Name]
Date of Birth: [Patient DOB]
Date of Injury: [Date of Injury]
Claim Number: [Claim Number, if applicable]

To Whom It May Concern:

Please be advised that this office represents the above-named patient in a legal claim for personal injuries resulting from the incident occurring on the date mentioned above.

My client requires a Computed Tomography (CT) scan as part of their diagnostic treatment. This letter serves as a Letter of Protection regarding the costs of these imaging services. In consideration of your agreement to provide medical services and defer immediate payment, I agree to protect your medical bill from any settlement, judgment, or verdict received by my client.

Payment shall be made directly to your facility out of the proceeds of any recovery before any distribution is made to the client. This agreement does not make the undersigned attorney personally liable for the bill, but rather serves as a lien against the proceeds of the legal claim.

Please provide this office with a copy of the final imaging report and the itemized billing statement once the procedure is completed.

Sincerely,

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

Acknowledged and Agreed:

_____
[Patient Signature]