ADDENDUM TO LETTER OF PROTECTION: ADDITIONAL DIAGNOSTIC IMAGING

Date: [Date]

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

RE: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Incident]
Law Firm File Number: [File Number]

Dear Billing Department,

This letter serves as an addendum to the original Letter of Protection (LOP) issued by this office on [Date of Original LOP].

Please be advised that this firm represents the above-named client regarding injuries sustained in the aforementioned incident. This addendum specifically extends the terms of the existing Letter of Protection to cover additional diagnostic imaging services, including but not limited to:

- [Specify Scan, e.g., MRI of Lumbar Spine]
- [Specify Scan, e.g., CT Scan of Head]
- Radiological interpretation and reading fees

In consideration for your agreement to provide these additional services on a credit basis, this office agrees to withhold and pay from any settlement or judgment such sums as may be due and owing to your facility for the diagnostic services rendered. Payment is contingent upon the successful recovery of funds by way of settlement, judgment, or verdict.

The client remains ultimately responsible for the total cost of services rendered should there be no recovery of funds. This agreement does not permit the provider to pursue the client for payment during the pendency of the legal claim.

Please sign and return a copy of this addendum to acknowledge your acceptance of these terms.

Sincerely,

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

ACKNOWLEDGMENT AND ACCEPTANCE

The undersigned facility hereby agrees to the terms of this Addendum to the Letter of Protection.

By: _____
Title: _____
Date: _____