[Provider Name]
[Billing Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]

RE: Acceptance of Letter of Protection

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
Our Account Number: [Reference Number]

Dear [Attorney Name],

This letter serves as formal notification that [Provider Name] accepts the Letter of Protection (LOP) dated [Date of LOP] regarding the diagnostic imaging services provided to the above-referenced patient.

We agree to withhold collection efforts against the patient personally while the legal claim is pending. In exchange, we understand that this LOP constitutes a lien against any settlement, judgment, or recovery obtained on behalf of the patient. We expect payment in full for all diagnostic services rendered (including but not limited to MRI, CT, and X-ray) directly from your trust account upon the resolution of this case.

Please provide our office with regular status updates regarding the progress of the litigation. Upon settlement, please request a final itemized statement and HCFA forms from our billing department.

Thank you for your cooperation in this matter.

Sincerely,

[Authorized Signature]
[Printed Name]
[Title/Department]