

**DATE:** [Date]

**TO:** [Name of Orthopedic Surgeon/Surgical Center]

**ADDRESS:** [Provider Address]

**CITY/STATE/ZIP:** [City, State, Zip]

**RE:** [Patient/Client Name]

**DATE OF INCIDENT:** [Date of Injury]

**CLAIM NUMBER:** [Insurance Claim Number, if applicable]

To Whom It May Concern,

Please be advised that this office represents [Patient Name] in a legal claim for personal injuries sustained on the date referenced above. My client requires orthopedic surgical intervention for injuries resulting from this incident.

This letter shall serve as a Letter of Protection (LOP) regarding the medical expenses incurred for the surgery and related treatment provided by your facility. We hereby request that you provide the necessary surgical care on a lien basis.

In consideration for your agreement to provide medical services, this office agrees to withhold and protect such sums from any settlement, judgment, or verdict as may be necessary to satisfy your medical bills. We agree to pay those sums directly to your office at the time of the final resolution of the legal claim, provided there are sufficient funds available after the payment of superior liens and costs.

Please note that this letter does not guarantee payment from this office if no recovery is made. However, the patient remains personally responsible for the total amount of the medical charges regardless of the outcome of the legal case.

Please sign and return a copy of this letter to acknowledge your acceptance of these terms and to confirm that you will hold the account in abeyance pending the resolution of the claim.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

---

**ACKNOWLEDGMENT AND ACCEPTANCE:**

I hereby agree to the terms stated above and agree to provide surgical services to [Patient Name] under this Letter of Protection.

By: \_\_\_\_\_  
Title: [Authorized Representative/Physician]  
Date: \_\_\_\_\_