

## **LETTER OF PROTECTION**

Date: [Insert Date]

To: [Name of Surgeon/Medical Facility]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

RE: [Patient Name]

Date of Birth: [Insert DOB]

Date of Incident: [Insert Date of Accident]

Type of Procedure: Spinal Fusion Surgery

To Whom It May Concern,

Please be advised that this office represents the above-named patient in a legal claim for personal injuries sustained in the incident referenced above. Our client requires a spinal fusion surgical intervention as a direct result of these injuries.

This letter serves as a Letter of Protection regarding the medical expenses incurred for the aforementioned surgery and related treatment. In consideration of your agreement to provide medical services and defer payment until the conclusion of the legal claim, we agree to protect your medical lien.

We hereby instruct and authorize our firm to withhold and pay directly to your office such sums as may be due and owing for medical services rendered to our client out of any settlement, judgment, or verdict derived from this claim. This payment shall be made prior to any distribution of net proceeds to the client.

Please note that this letter does not guarantee the sufficiency of the funds to cover the entire balance, but serves as a formal acknowledgement of your lien against the proceeds of the case. In the event this firm is discharged or the case is terminated, we will notify you immediately.

Please provide us with copies of all medical records and itemized billing statements related to this procedure for our files.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

## **ACKNOWLEDGMENT AND ACCEPTANCE:**

I hereby authorize my attorney to pay the medical provider directly from the proceeds of my legal claim as described above.

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[Patient/Client Signature]