

Date: [Date]

To: [Medical Provider/Surgeon Name]

Facility: [Hospital/Surgical Center Name]

Address: [Street Address, City, State, Zip]

RE: LETTER OF PROTECTION

Patient Name: [Patient Full Name]

Date of Incident: [Date of Accident/Injury]

Type of Procedure: Emergency [Name of Surgical Intervention]

To Whom It May Concern,

This office represents the above-named patient in a legal claim for personal injuries sustained on the date referenced above. It is our understanding that the patient requires immediate emergency 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 emergency surgery. In consideration for your agreement to provide medical services and wait for payment, this office agrees to withhold sufficient funds from any future settlement, judgment, or recovery obtained on behalf of the patient to satisfy your reasonable medical charges.

Please note the following conditions:

- Payment is contingent upon the successful recovery of funds via settlement or trial.
- This letter does not guarantee a specific recovery amount.
- The patient remains ultimately responsible for the total cost of medical services rendered should there be no recovery.

We request that you provide this office with a copy of the final itemized billing statement and all related operative reports immediately following the procedure.

Please acknowledge your acceptance of this Letter of Protection by signing below and returning a copy to our office.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGMENT AND ACCEPTANCE:

I hereby agree to the terms of this Letter of Protection and agree to provide the necessary emergency surgical services to the patient.

[Medical Provider Signature] [Date]