

Date: [Date]

To: [Name of Medical Provider/Surgical Center]

Attn: Billing Department

Address: [Provider Address]

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

RE: Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date of Accident]

Type of Procedure: Arthroscopic Surgery ([Specify Joint, e.g., Right Knee])

Dear Billing Manager,

This office represents the above-named patient in a legal claim for personal injuries sustained in the incident referenced above. Our client requires arthroscopic surgical intervention as a result of these injuries.

This letter shall serve as a Letter of Protection (LOP). In consideration for your agreement to provide medical services and surgical facilities on credit, this office agrees to withhold such sums from any settlement, judgment, or verdict as may be necessary to satisfy your medical bills related to this specific procedure.

Please note the following terms:

- Payment is contingent upon the recovery of funds through settlement or judgment.
- The patient remains ultimately responsible for the bill should there be no recovery.
- This office will notify you upon the resolution of the legal claim.

Please provide us with a copy of the final itemized billing statement and the operative report once the surgery is completed.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

**Acknowledgment and Acceptance:**

I, [Patient Name], hereby authorize and direct my attorney to pay the medical provider directly from the proceeds of my case.

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[Patient Signature]