[Date]

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

RE: Letter of Protection
Patient Name: [Patient Full Name]
Date of Injury: [Date of Incident]
Claim Number: [Insurance Claim Number]

Dear [Attorney Name],

This letter serves as a formal Letter of Protection regarding the physical therapy services provided by [Clinic Name] to the above-referenced patient for injuries sustained on [Date of Injury].

In consideration of the professional services rendered and to be rendered by [Clinic Name], it is understood that the patient has a legal claim arising from the aforementioned incident. We agree to provide treatment to the patient and defer immediate payment for such services pending the resolution of their legal claim.

By signing this document, you, the attorney, agree to protect the outstanding balance of [Clinic Name] from any settlement, judgment, or verdict received on behalf of the patient. You are hereby authorized and directed to pay [Clinic Name] directly for all unpaid therapy bills out of the proceeds of any recovery before any distribution is made to the patient.

In the event that the legal claim is unsuccessful or the recovery is insufficient to cover the medical expenses, the patient remains personally responsible for the full payment of all services rendered.

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

Sincerely,

[Clinic Representative Name]
[Clinic Name]

ATTORNEY ACKNOWLEDGMENT:

I, the undersigned attorney, agree to honor the terms of this Letter of Protection and will withhold and pay the necessary funds to [Clinic Name] upon the resolution of this case.

Attorney Signature

Date