Date: [Date]

To: [Physical Therapy Clinic Name]
Address: [Clinic Address]
Attn: Billing Department

RE: Conditional Letter of Protection
Patient Name: [Patient Name]
Date of Incident: [Date of Accident/Injury]
Claim Number: [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 or about [Date of Incident].

This letter serves as a Conditional Letter of Protection regarding the physical therapy services provided to our client. We understand that your facility agrees to provide necessary treatment to our client on a credit basis, pending the resolution of their legal claim.

Terms of Protection:

- **Payment from Settlement:** We agree to protect your outstanding balance for services related to this incident. Payment will be made directly to your office from any settlement, judgment, or recovery received on behalf of the client.
- **Authorization:** The client hereby authorizes and directs this firm to pay your office the full amount of your reasonable and necessary charges from the proceeds of the recovery.
- **Notice of Resolution:** We agree to notify your office upon the final resolution of the legal claim.
- **Conditional Nature:** This protection is specifically limited to the proceeds of the legal claim. If there is no recovery or if the recovery is insufficient to cover all costs and liens, the patient remains ultimately responsible for the balance of their account.

Please provide us with regular updates regarding the client's treatment plan and current billing statements for our records.

By signing below, the client acknowledges and agrees to the terms of this Letter of Protection.

Sincerely,

[Attorney Name]
[Law Firm Name]

ACKNOWLEDGED AND AGREED:

____
[Patient/Client Signature]

____
[Date]