[Date]

[Name of Physical Therapy Facility]
[Address]
[City, State, Zip Code]

RE: Letter of Protection

Patient Name: [Patient Name]
Date of Injury: [Date of Incident]
Claim Number: [Claim Number, if available]

To Whom It May Concern,

Please be advised that this office represents the above-named client regarding injuries sustained in the incident referenced above. This letter serves as a formal Letter of Protection (LOP) concerning the physical therapy services provided to our client.

In consideration of your agreement to provide medical treatment to [Patient Name] on a credit basis, this firm agrees to withhold and pay to your facility such sums as may be due and owing for services rendered. These funds will be paid directly from any settlement, judgment, or recovery received on behalf of our client before any distribution is made to the client.

Please note that this letter does not guarantee payment from this office if there is no recovery. In the event there is no recovery, or if the recovery is insufficient to cover all medical liens, the patient remains ultimately responsible for the payment of your bill.

We request that you provide us with a copy of all medical records and itemized billing statements upon the completion of treatment or as requested by our office.

Please sign and return a copy of this letter to acknowledge your acceptance of these terms.

Sincerely,

[Attorney Name]
[Law Firm Name]

ACKNOWLEDGED AND AGREED TO:

_____
[Authorized Representative Name/Title]

_____
[Date Signed]