Date: [Date]

To: [Name of Physical Therapy Facility]
Attn: Billing Department
Address: [Facility Address]
City, State, Zip: [City, State, Zip]

Re: Letter of Protection for [Patient Name]

Patient Name: [Patient Name]
Date of Incident: [Date of Accident]
Your Account/Reference #: [If applicable]

To Whom It May Concern,

This office represents [Patient Name] regarding personal injuries sustained in an incident involving a third party on the date referenced above. We understand that your facility is providing physical therapy and rehabilitative services to our client.

Please be advised that this letter serves as a Letter of Protection (LOP). We request that you provide all necessary treatment to our client on a credit basis. In consideration for your services, we agree to protect your outstanding medical bills and will pay them directly from any settlement, judgment, or recovery obtained on behalf of our client.

By accepting this Letter of Protection, you agree to look solely to the proceeds of the legal claim for payment and will refrain from any collection efforts or reporting this account to credit bureaus while the legal matter is pending. Our office will notify you once a recovery is made.

Please provide us with copies of all medical records and itemized billing statements upon completion of treatment or upon our request.

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]
[Phone Number]

ACKNOWLEDGED AND AGREED:

_____
[Patient Signature]
Date: [Date]