[Attorney Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Physical Therapy Clinic Name]
[Provider Name]
[Address]
[City, State, Zip Code]

RE: LETTER OF PROTECTION

Patient Name: [Patient Full Name]
Date of Injury: [Date of Incident]
Claim Number: [Workers Comp Claim Number]
Our File Number: [Internal File Number]

To Whom It May Concern,

Please be advised that this office represents the above-named client regarding a workers' compensation claim for injuries sustained on the date referenced above.

This letter shall serve as a Letter of Protection regarding the physical therapy services provided to our client. We understand that the workers' compensation carrier may have denied or delayed authorization for treatment. By means of this letter, we request that you continue to provide necessary medical treatment to our client on credit.

In consideration for your agreement to provide treatment, this office agrees to withhold and pay to your facility such sums as may be due and owing for services rendered to our client out of any settlement, judgment, or award obtained in this matter. We will not disburse the proceeds of any recovery until your outstanding balance has been addressed.

Please note that this letter does not guarantee payment from this office personally, but rather acts as a lien against any recovery proceeds. If no recovery is made, the patient remains personally responsible for the balance of their account.

Please provide our office with a copy of the initial evaluation, progress notes, and a current statement of charges for our records. We look forward to working with you toward the recovery of our client.

Sincerely,

[Attorney Signature]

[Printed Attorney Name]
[Law Firm Name]

ACKNOWLEDGMENT BY CLIENT/PATIENT:

I, [Patient Name], hereby authorize and direct my attorney to pay the above-named provider directly from any settlement or judgment proceeds for all medical bills incurred for my treatment.

_____
[Patient Signature]

_____
[Date]