LETTER OF PROTECTION

Date: [Date]

To: [Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip]

RE: [Patient Name]
Date of Birth: [DOB]
Date of Injury: [DOI]

Dear [Attorney Name],

This letter serves as a formal Letter of Protection regarding the orthopedic physical therapy services provided by [Clinic Name] to the above-referenced patient. Our facility agrees to provide necessary rehabilitation and therapeutic treatment to [Patient Name] for injuries sustained on [Date of Injury].

In consideration for these services, the patient and their undersigned legal counsel agree to the following:

- The patient remains personally responsible for the total balance of all physical therapy charges incurred.
- Counsel agrees to withhold and pay directly to [Clinic Name] any and all sums due for services rendered from any settlement, judgment, or insurance proceeds recovered on behalf of the patient.
- Payment shall be made to this office immediately upon the resolution of the patient's legal claim or lawsuit.
- The attorney agrees to notify [Clinic Name] immediately of any change in legal representation or the conclusion of the case.

Please acknowledge your agreement to these terms by signing below and returning a copy to our office via [Fax/Email].

Sincerely,

[Provider Name/Representative]
[Clinic Name]

ATTORNEY ACKNOWLEDGMENT

The undersigned attorney of record for [Patient Name] hereby agrees to honor this Letter of Protection and to pay [Clinic Name] all sums owed for physical therapy services from any settlement or recovery obtained.

_____
Attorney Signature

_____
Date

PATIENT ACKNOWLEDGMENT

I hereby authorize my attorney to pay [Clinic Name] directly from any settlement or judgment for services rendered. I understand I am personally responsible for this debt regardless of the outcome of my legal case.

_____
Patient Signature

_____
Date