[Date]

[Physical Therapy Clinic Name]
[Attn: Billing Department / Provider Name]
[Address]
[City, State, Zip Code]

RE: Letter of Protection
Patient: [Patient Name]
Date of Injury: [Date of Incident]
Claim Number: [Insurance Claim Number, if available]

To Whom It May Concern,

Please be advised that this office represents [Patient Name] regarding injuries sustained in the above-referenced incident. My client is currently seeking neurological physical therapy services at your facility for rehabilitation of [specific condition, e.g., traumatic brain injury, spinal cord injury, stroke recovery].

This letter serves as a Letter of Protection. We request that you provide all necessary neurological rehabilitation and therapy services to [Patient Name] on a credit basis. In exchange, we agree to protect your outstanding balance for these services out of any settlement, judgment, or recovery obtained on behalf of my client.

Payment will be made directly to your facility from the proceeds of the legal claim at the time of final resolution. Please note that this letter does not guarantee the success of the claim or a specific recovery amount, but it does grant your facility a lien against any such recovery.

Please provide this office with copies of all initial evaluations, progress notes, and itemized billing statements as they become available. We also request that you notify us immediately if treatment is discontinued or if the patient's status changes significantly.

Kindly acknowledge your acceptance of this Letter of Protection by signing below and returning a copy to our office via [Fax/Email].

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]

Acknowledge and Agreed:

By: _____
[Name and Title of Authorized Representative]
[Date]