DATE: [Current Date]

TO: [Name of Physical Therapy Facility]
ATTN: Billing Department / Records Department
ADDRESS: [Facility Address]
FAX/EMAIL: [Facility Fax Number or Email]

RE: NOTICE OF SETTLEMENT
PATIENT NAME: [Patient Name]
DATE OF BIRTH: [Patient Date of Birth]
DATE OF INCIDENT: [Date of Accident/Injury]
ACCOUNT/CHART #: [Account Number if known]

Dear Billing Manager,

Please be advised that the personal injury claim for the above-referenced patient has reached a settlement. Our records indicate that your facility provided treatment to the patient under a Letter of Protection (LOP).

To facilitate the final distribution of funds and ensure your bill is addressed, please provide the following documentation to our office within [Number] days:

- A final, itemized statement of all outstanding charges.
- Confirmation of any payments already received from other sources (if applicable).
- Current W-9 form for your facility to ensure accurate tax reporting.

Please note that we are currently in the process of verifying all liens and medical balances. We will contact you shortly regarding the final payment amount and to discuss any potential reductions to resolve this matter.

Thank you for your cooperation and for the care provided to our client.

Sincerely,

[Your Name/Law Firm Name]
[Phone Number]
[Email Address]