[Date]

[Provider Name/Clinic Name]
[Provider Address]
[City, State, Zip Code]

RE: Notice of Final Settlement and Disbursement

Patient Name: [Patient Name]
Date of Injury: [Date of Incident]
Our File Number: [Internal Case Number]

Dear Billing Department,

This office represents the above-named client regarding their personal injury claim. We are pleased to inform you that this matter has reached a final settlement.

Pursuant to the Letter of Protection (LOP) previously executed, we are enclosing a check in the amount of **$[Amount]** as payment for physical therapy services rendered to our client.

Please select the applicable status of this payment:

[ ] This payment represents **full and final payment** of the outstanding balance. By endorsing the enclosed check, you agree that the account is paid in full and all liens are released.
[ ] This payment represents a **pro-rata distribution** as agreed upon in our prior communications dated [Date of Agreement].

We appreciate the professional services you provided to our client during their recovery. Please update your records to show a zero balance for this account.

Sincerely,

[Attorney Name]
[Law Firm Name]

Enclosure: Settlement Check #[Check Number]