

LETTER OF PROTECTION

Date: [Date]

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

Re: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Injury]

To [Attorney Name],

This document confirms that [Practice Name] agrees to provide interventional pain management services to the above-referenced patient on a Letter of Protection (LOP) basis. We understand that the patient has a pending legal claim resulting from the incident occurring on [Date of Injury].

In consideration for providing medical evaluation, injections, procedures, and related treatments, it is agreed that:

1. Payment for all medical services rendered shall be deferred until the conclusion of the patient's legal claim via settlement, judgment, or verdict.
2. The Attorney is hereby directed to withhold funds from any recovery to pay [Practice Name] in full for all outstanding medical bills.
3. The Patient remains ultimately responsible for the total balance of the medical charges regardless of the outcome of the legal case.
4. The Attorney agrees to notify [Practice Name] immediately upon the resolution of the case and to remit payment within [Number] days of receiving settlement funds.

Please acknowledge your agreement to these terms by signing below and returning this document to our office.

Sincerely,

[Physician/Manager Name]
[Practice Name]

ATTORNEY ACKNOWLEDGMENT

I, the undersigned attorney, agree to honor this Letter of Protection and to protect the medical bills of [Practice Name] from any settlement or judgment proceeds received on behalf of [Patient Name].

Signature: _____ Date: _____

PATIENT ACKNOWLEDGMENT

I authorize my attorney to pay [Practice Name] directly from the proceeds of my legal claim. I understand I am personally responsible for these charges.

Signature: _____ Date: _____