

Date: [Current Date]

To:

[Provider Name/Clinic Name]

[Provider Address]

[City, State, Zip Code]

RE: [Patient Name]

Date of Birth: [Patient DOB]

Date of Incident: [Date of Accident/Injury]

Claim Number: [Insurance Claim Number]

Dear [Doctor Name/Billing Department],

Please be advised that this office represents the above-named patient regarding injuries sustained in the aforementioned incident. Our client requires pre-surgical pain management services and/or diagnostic procedures in preparation for surgery.

This letter serves as a Letter of Protection (LOP). In consideration for your agreement to treat the patient on credit, we hereby agree to withhold and pay directly to your office such sums as may be due and owing for medical services rendered to our client from any settlement, judgment, or verdict received in this matter.

Please note that payment is contingent upon the successful recovery of funds. This agreement does not personally obligate the undersigned attorney to pay for said medical bills from their own funds, but rather creates a lien against the proceeds of the legal claim.

We request that you provide this office with a copy of all medical reports and itemized billing statements immediately following the conclusion of treatment.

Please acknowledge your acceptance of these terms by signing below and returning a copy to our office.

Sincerely,

[Attorney Name]

[Law Firm Name]

ACCEPTED AND AGREED:

[Medical Provider Signature]

[Date]