

DATE: [Date]

TO: [Name of Pain Management Facility/Doctor]

ADDRESS: [Facility Address]

FAX/EMAIL: [Facility Fax/Email]

RE: Notice of Representation and Letter of Protection

PATIENT: [Patient Name]

DATE OF BIRTH: [DOB]

DATE OF INCIDENT: [Date of Accident/Injury]

OUR FILE NUMBER: [Claim/File Number]

To Whom It May Concern:

Please be advised that this office represents the above-named patient regarding injuries sustained in the incident referenced above. This letter serves as formal notice of our representation.

LETTER OF PROTECTION

Our client is seeking medical evaluation and pain management treatment for injuries related to this claim. In consideration of your agreement to treat the patient on credit, this letter shall serve as a Letter of Protection (LOP). We hereby instruct you to look to this law firm for payment of your reasonable medical fees out of any settlement or judgment obtained on behalf of the client.

By accepting this letter, you agree to the following:

- You will withhold billing the client personally during the pendency of their legal claim.
- You will provide this office with copies of all medical records, reports, and itemized billing statements upon request.
- We will protect your outstanding balance and pay your reasonable fees directly from the proceeds of any recovery before any funds are disbursed to the client.

Please note that this LOP does not guarantee the total amount of recovery, nor does it make this firm personally liable for the medical bills; it is a lien against the proceeds of the case. If there is no recovery, the client remains ultimately responsible for the medical expenses incurred.

Please sign and return a copy of this letter to acknowledge your acceptance of these terms.

Sincerely,

[Attorney Name]

[Law Firm Name]

[Phone Number]

ACKNOWLEDGED AND AGREED:

By: _____ Date: _____
[Name of Provider/Authorized Representative]