

Date: [Date]

To: [Name of Medical Provider/Facility]

Address: [Provider Address]

City, State, Zip: [City, State, Zip]

RE: Letter of Protection

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date of Accident/Injury]

Procedure: Epidural Injection / Pain Management

To Whom It May Concern,

This office represents the above-named patient in a legal claim for personal injuries sustained in the incident referenced above. This letter serves as a formal Letter of Protection (LOP) regarding the medical services provided to our client, specifically the epidural steroid injections and related pain management treatments.

We request that you provide the necessary medical treatment to our client on credit. In exchange, we agree to protect your outstanding medical bills for these specific services out of any settlement, judgment, or recovery obtained on behalf of our client. Payment will be made directly to your office at the time of the final distribution of funds.

Please note that this letter does not guarantee the success of the legal claim or the sufficiency of the funds to cover the total balance. However, we will notify you of the outcome of the case. By providing treatment under this LOP, you agree to withhold any collection efforts or reporting to credit agencies against the patient until the legal matter is resolved.

Please provide our office with copies of the medical records and itemized billing statements following the procedure.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]

[Law Firm Name]

[Phone Number]

Acknowledge and Agreed:

[Patient Signature] / Date