

[Attorney Name]  
[Law Firm Name]  
[Address]  
[City, State, Zip Code]

[Date]

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

**RE: Letter of Protection**

**Patient Name:** [Patient Name]  
**Date of Injury:** [Date of Incident]  
**Claim Number:** [Claim number, if applicable]

To Whom It May Concern,

Please be advised that this office represents the above-named patient in a legal claim for personal injuries sustained on the date mentioned above. Our client is seeking chiropractic and pain management treatment from your facility for these injuries.

This letter shall serve as a Letter of Protection regarding the medical expenses incurred by our client at your facility. We hereby request that you provide all necessary and reasonable treatment to our client on credit. In exchange, we agree to protect your medical bills and will withhold sufficient funds from any settlement, judgment, or verdict obtained on behalf of our client to satisfy your outstanding balance.

Please note that payment is contingent upon the successful recovery of funds. This letter does not guarantee a specific amount of recovery but ensures that your bills will be paid directly from the proceeds of the case before any funds are disbursed to the client.

We kindly request that you provide us with copies of all medical records and itemized billing statements upon completion of treatment or as requested by our office.

If this agreement is acceptable to you, please sign below and return a copy to our office for our records.

Sincerely,

[Attorney Signature]  
[Printed Attorney Name]

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**ACKNOWLEDGMENT AND AGREEMENT:**

The undersigned agrees to the terms of this Letter of Protection and will look to the proceeds of the legal claim for payment of the patient's account.

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**[Provider Representative Signature]**

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**[Date]**