

[Date]

[Facility Name]

[Facility Address]

[City, State, Zip Code]

RE: Letter of Protection

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Incident: [Date of Accident/Injury]

Your Reference/Account #: [Account Number, if known]

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 referenced above. This letter serves as a formal Letter of Protection regarding the pain management services and medical treatment provided by your facility to our client.

In consideration of your agreement to provide medical services and/or procedures on credit, we hereby agree to withhold and pay to your facility such sums as may be due and owing for services rendered to our client directly out of any settlement, judgment, or verdict received in this matter.

Our client hereby authorizes and directs us, as their attorneys, to pay your facility directly from the proceeds of any recovery. Payment will be made once the funds are cleared and distributed through our trust account. Please note that this agreement does not make this firm personally liable for the medical bills, but rather acts as a lien against the proceeds of the case.

In the event that there is no recovery, the patient remains personally responsible for the payment of all medical charges incurred at your facility.

Please keep us updated on the status of the patient's treatment and forward all final itemized billing statements and medical reports to our office upon completion of care.

Sincerely,

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGED AND AGREED:

[Patient Signature]

Date: [Date]