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

[Date]

[Pharmacy Name]
[Pharmacy Address]
[City, State, Zip Code]

RE: LETTER OF PROTECTION

Patient/Client: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Incident]
Our File Number: [File Number]

To Whom It May Concern,

Please be advised that this office represents the above-named client regarding injuries sustained in the aforementioned incident. Our client is currently seeking medical treatment and requires necessary pharmaceutical prescriptions related to these injuries.

This letter serves as a Letter of Protection (LOP) regarding the costs of prescriptions provided to our client. In consideration of your agreement to provide medications on credit, this office agrees to withhold and pay such sums as may be due and owing to your pharmacy for services rendered to our client directly out of the proceeds of any settlement, judgment, or verdict received in this matter.

By accepting this Letter of Protection, the pharmacy agrees to exhaust all applicable primary medical insurance or Personal Injury Protection (PIP) benefits before seeking payment through this LOP, where applicable. Please provide our office with copies of all itemized billing statements and ledgers for medications dispensed.

Please note that this letter does not constitute a guarantee of payment if no recovery is obtained. However, we will notify your office upon the final resolution of the legal claim.

Please sign below to acknowledge your acceptance of these terms and return a copy to our office via fax or email.

Sincerely,

[Attorney Signature]

[Printed Attorney Name]

ACKNOWLEDGED AND AGREED:

By: _____
Authorized Representative for [Pharmacy Name]

Date: _____