[Date]

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

RE: Acceptance of Letter of Protection

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
Claim Number: [Claim #, if applicable]

Dear [Attorney Last Name],

This letter serves as formal notification that [Pharmacy/Medical Provider Name] has received and accepted the Letter of Protection (LOP) signed by you and your client, [Patient Name], on [Date LOP was signed].

Based on this agreement, we will provide the necessary medications and pharmaceutical services related to the injuries sustained in the above-referenced incident on a lien basis. We understand that payment for these services is deferred until the conclusion of the legal claim, whether by settlement, judgment, or verdict.

By accepting this LOP, we agree to hold the patient's account in good standing and will not seek collection actions against the patient while the legal matter is pending. In exchange, you agree to protect our financial interest and issue payment directly to this office from the proceeds of any recovery.

Please provide our office with regular status updates regarding the case. Upon resolution of the matter, please contact our billing department at [Phone Number] to request a final itemized statement for payment.

Thank you for your cooperation.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Pharmacy/Provider Name]