

Date: [Date]

To: [Name of EMS Provider/Billing Department]

Address: [EMS Street Address]

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

RE: Letter of Protection

Patient Name: [Patient Full Name]

Date of Incident: [Date of Incident]

Account/Invoice Number: [Account Number]

To Whom It May Concern,

Please be advised that this office represents the above-named client regarding injuries sustained in an incident on the date referenced above. This letter serves as a formal Letter of Protection concerning the outstanding balance for emergency medical services provided to our client.

By way of this document, our client directs this office to withhold and pay directly to your facility such sums as may be due and owing for services rendered, out of any settlement, judgment, or verdict which may be paid to our client or this office as a result of the injuries sustained.

In exchange for this Letter of Protection, we request that you cease all active collection efforts and refrain from reporting this account to credit bureaus while the legal claim is pending. We agree to notify your office immediately upon the resolution of this case.

Please sign below to acknowledge your receipt of this letter and your agreement to these terms. Return a copy to our office at your earliest convenience.

Sincerely,

[Attorney Name]

[Law Firm Name]

Acknowledgment and Acceptance:

The undersigned hereby accepts the terms of this Letter of Protection and agrees to withhold further collection activity pending the resolution of the legal claim.

By: _____

Title: _____

Date: _____