

[Date]

[Ambulance Service Name]
[Billing Department Address]
[City, State, Zip Code]

RE: Letter of Protection

Patient Name: [Patient Full Name]
Date of Service: [Date of Incident/Transport]
Account/Invoice Number: [Account Number]

To Whom It May Concern,

Please be advised that this office represents [**Patient Name**] regarding personal injuries sustained on [**Date of Incident**]. This letter serves as a Letter of Protection concerning the outstanding balance for ambulance transport services provided to my client.

By way of this letter, we agree to protect your bill and guarantee payment directly from any settlement, judgment, or recovery obtained on behalf of my client arising out of this claim. We request that you place this account on hold and refrain from any further collection efforts or reporting this account to credit agencies while the legal matter is pending.

Payment will be disbursed upon the final resolution and receipt of funds in this case. Please provide my office with a final itemized statement and a copy of the run report for our records.

Should you have any questions, please contact my office directly.

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]
[Phone Number]

ACKNOWLEDGED AND AGREED:

[Patient Signature]