

**[Date]**

**[Hospital Name]**

[Emergency Department Billing Office]

[Address]

[City, State, Zip Code]

**RE: LETTER OF PROTECTION**

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Account/Patient Number:** [Account Number]

**Date of Incident:** [Date of Incident]

**Date of Service:** [Date of Emergency Visit]

To the Billing Department,

Please be advised that this firm represents **[Patient Name]** regarding injuries sustained in an accident on the date mentioned above. My client received emergency medical treatment at your facility following this incident.

This letter serves as a **Letter of Protection**. We request that you place this account on hold and refrain from sending it to collections. In exchange, we agree to protect your facility's outstanding medical lien. We will pay the reasonable balance of your medical charges directly from any settlement, judgment, or recovery obtained on behalf of our client.

Please provide our office with a complete itemized statement of charges and all medical records related to this emergency visit. If you have already filed a medical lien with the county, please provide a copy of the recorded document.

By accepting this letter, you agree to withhold further collection efforts against the patient personally pending the resolution of the legal claim. We will notify you immediately upon the conclusion of the case.

Sincerely,

**[Attorney Name/Signature]**

[Law Firm Name]

[Phone Number]

[Email Address]

**ACKNOWLEDGMENT:**

I, **[Patient Name]**, hereby authorize my attorney to pay the medical providers directly from the proceeds of my legal recovery.

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[Patient Signature]