

Date: [Date]

TO: [Name of Radiology Provider/Facility]

ATTN: Billing/Legal Department

ADDRESS: [Facility Address]

RE: Letter of Protection

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Incident: [Date of Accident/Injury]

Patient Account Number: [Account # if known]

To Whom It May Concern:

This office represents the above-named patient in a legal claim for personal injuries sustained on the date referenced above. This letter serves as a Letter of Protection regarding the emergency radiology services provided to our client.

Our client is currently without the immediate funds to pay for the diagnostic imaging and professional interpretations rendered. In consideration for your agreement to defer collection efforts against the patient during the pendency of their legal claim, this office agrees to protect your outstanding balance for medical services from any settlement or judgment received.

Please note the following terms:

- This firm will notify your office upon the resolution of the legal claim.
- Payment will be made directly to your facility from the proceeds of the settlement or judgment prior to any distribution to the client.
- The client remains ultimately responsible for the bill regardless of the outcome of the legal case.

Please provide us with a complete set of medical records and the final itemized billing statement for the services rendered. If you accept the terms of this Letter of Protection, please sign below and return a copy to our office.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGMENT AND ACCEPTANCE:

Authorized Representative for [Radiology Facility Name]

Date: _____