

Date: [Date]

To: [Air Ambulance Company Name]

Address: [Street Address]

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

Re: Letter of Protection

Patient Name: [Patient Full Name]

Date of Incident: [Date of Accident/Injury]

Claim Number: [Insurance Claim Number, if applicable]

To Whom It May Concern,

I represent [Patient Name] in a legal claim for personal injuries sustained on or about [Date of Incident].

This letter serves as a Letter of Protection regarding the air ambulance services provided to my client on [Date of Service]. Please be advised that we will protect your outstanding balance for medical transport services from any settlement, judgment, or verdict received in connection with this claim.

Payment will be made directly to your facility out of the proceeds of any recovery before any distribution is made to the client. This agreement does not relieve the patient of their personal responsibility for the debt should there be no recovery; however, we request that you withhold any collection efforts or credit reporting pending the resolution of the legal matter.

Please provide my office with a final itemized statement and a copy of the transport records for our files.

Thank you for your cooperation in this matter.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

[Phone Number]

Acknowledgment and Agreement:

I, [Patient Name], hereby authorize my attorney to pay the above-referenced provider directly from the proceeds of my legal recovery.

[Patient/Guarantor Signature]