

## LETTER OF PROTECTION

**DATE:** [Date]

**TO:** [Name of Emergency Physician Group]

**ATTN:** Billing/Legal Department

**ADDRESS:** [Group Address]

**RE:** [Patient Name]

**DATE OF SERVICE:** [Date of ER Visit]

**ACCOUNT NUMBER:** [Account Number]

**CLAIM NUMBER:** [Insurance Claim Number, if applicable]

To Whom It May Concern,

Please be advised that this office represents the above-named patient in a legal claim for personal injuries sustained on [Date of Incident].

This letter serves as a Letter of Protection regarding the outstanding medical bills owed to [Name of Emergency Physician Group] for services rendered to our client. We request that you withhold further collection efforts against the patient personally at this time.

In exchange for your forbearance, we hereby agree to protect your interest in any settlement, judgment, or recovery obtained on behalf of our client. We instruct that the outstanding balance be paid directly from the proceeds of any such recovery before any funds are distributed to the client.

Please note that this letter does not guarantee payment if no recovery is made. However, we will notify your office immediately upon the resolution of this claim.

Please sign and return a copy of this letter to acknowledge your acceptance of these terms.

Sincerely,

[Attorney Name]

[Law Firm Name]

### ACKNOWLEDGED AND AGREED:

\_\_\_\_\_  
Authorized Representative, [Emergency Physician Group]

\_\_\_\_\_  
Date