

[Date]

[Medical Provider Name]

[Facility Name]

[Address]

[City, State, Zip]

RE: Letter of Protection for Initial Emergency Evaluation

Patient: [Patient Full Name]

Date of Injury: [Date of Accident]

Claim Number: [Insurance Claim Number, if applicable]

To Whom It May Concern,

Please be advised that this office represents the above-named client regarding injuries sustained in the accident occurring on the date referenced above. This letter serves as a formal Letter of Protection (LOP) concerning the initial emergency medical evaluation and diagnostic services provided to our client.

In consideration for your agreement to provide medical services on credit, we hereby agree to protect your outstanding balance for the initial emergency evaluation from any settlement, judgment, or recovery obtained on behalf of our client. Payment will be made directly to your facility out of the proceeds of any such recovery before any funds are disbursed to the client.

Please note that this letter is not a guarantee of payment if no recovery is made. However, we agree to notify your office immediately upon the resolution of this claim and to withhold the necessary funds to satisfy your bill from the final settlement.

We request that you provide us with copies of all medical records and itemized billing statements related to this emergency evaluation for our files.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGMENT BY CLIENT:

I hereby authorize my attorney to pay the medical provider directly from any settlement or judgment proceeds for the services rendered.

[Patient/Client Signature]