

## REVISED LETTER OF PROTECTION

Date: [Current Date]

To: [EMS Provider Name]  
Attn: Billing/Legal Department  
Address: [EMS Provider Address]  
City, State, Zip: [City, State, Zip]

RE: [Patient Name]  
Date of Incident: [Date of Incident]  
Account Number: [Account Number]  
Total Amount Owed: [Total Balance]

Dear Billing Manager,

Please be advised that this office represents the above-named patient regarding injuries sustained in the incident referenced above. This letter serves as a **Revised Letter of Protection** regarding the outstanding balance for emergency medical services provided.

Our client is currently pursuing a legal claim for damages resulting from this incident. By this letter, we agree to protect your outstanding bill for services rendered out of any settlement or judgment proceeds received by our client, subject to the following conditions:

- The patient remains personally responsible for the total amount of the bill regardless of the outcome of the legal case.
- Payment will be made directly to your facility from the net proceeds of any recovery.
- This letter supersedes any previous agreements or Letters of Protection regarding this specific account.
- We request that all further collection efforts be suspended pending the resolution of this claim.

Please provide our office with an updated itemized statement reflecting the current balance. We will notify you immediately upon the conclusion of the case.

Sincerely,

[Attorney Signature]  
[Attorney Name]  
[Law Firm Name]

### **Acknowledgment:**

I, [Patient Name], hereby authorize and direct my attorney to pay the above-named EMS provider from any settlement or judgment proceeds obtained on my behalf.

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[Patient Signature]