[Law Firm Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Medical Provider Name]
[Provider Address]
[City, State, Zip Code]

RE: LETTER OF PROTECTION ACKNOWLEDGMENT
Client/Patient: [Client Name]
Date of Incident: [Date of Incident]
Your Account/Reference #: [Account Number]

Dear [Medical Provider Name/Billing Department],

This letter serves as our formal acknowledgment and acceptance of the Letter of Protection (LOP) regarding the medical services provided to our client, [Client Name], for injuries sustained in the above-referenced incident.

We hereby agree to protect your outstanding medical bills for services related to this matter from any settlement, judgment, or verdict received by the client. We will withhold sufficient funds from the proceeds of any recovery to satisfy your reasonable charges, provided that the client's claim results in a recovery.

Please note the following conditions of this acceptance:

- Payment is contingent upon the successful recovery of funds through settlement or trial.
- This firm is not personally liable for the medical expenses; liability for payment remains with the client in the event no recovery is made.
- Upon conclusion of the case, we will contact your office to verify the final balance due.

Please forward all updated medical records and final itemized billing statements to our office to ensure they are included in our demand for settlement.

Thank you for your cooperation in providing care to our client.

Sincerely,

[Attorney Name]
[Law Firm Name]