Date: [Date]

To: [Attorney Name]
Law Firm: [Law Firm Name]
Address: [Address, City, State, Zip]

RE: Letter of Protection (LOP) Acceptance
Patient Name: [Patient Name]
Date of Loss/Injury: [Date]
Claim Number: [Claim Number (if applicable)]

Dear [Attorney Name],

This letter serves as formal acknowledgment and acceptance of the Letter of Protection (LOP) received by our office on [Date of Receipt].

By signing this acknowledgment, [Medical Practice Name] agrees to provide medical services to the above-named patient and to defer immediate payment for such services pending the resolution of the patient's legal claim. It is understood that our office will be paid directly from the proceeds of any settlement, judgment, or insurance recovery obtained on behalf of the patient.

We understand that your firm agrees to protect our outstanding balance and will withhold the necessary funds from any recovery to satisfy the patient's medical account in full before any funds are distributed to the patient.

Please keep our office informed of the status of this case. Upon request, we will provide updated itemized billing statements and medical records to facilitate the resolution of the claim.

This agreement does not relieve the patient of their ultimate personal responsibility for the payment of medical bills should the legal claim result in no recovery.

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Medical Practice Name]