Date: [Date]

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

RE: Letter of Protection Acknowledgment and Acceptance
Patient Name: [Patient Full Name]
Date of Incident: [Date of Incident]
Claim Number: [Claim Number, if applicable]

Dear [Attorney Name],

This letter serves as formal acknowledgment and acceptance of the Letter of Protection (LOP) received regarding the above-referenced patient. [Chiropractic Clinic Name] agrees to provide necessary chiropractic treatment and medical services to the patient on a lien basis.

By accepting this Letter of Protection, we understand and agree to the following terms:

- The clinic will provide the patient with the required chiropractic care and maintain detailed records of all treatments and charges.
- The attorney agrees to withhold sufficient funds from any settlement, judgment, or verdict to satisfy the total outstanding balance owed to [Chiropractic Clinic Name].
- The attorney agrees to pay the clinic directly upon the resolution of the legal claim.
- The patient remains ultimately responsible for the total cost of treatment regardless of the outcome of the legal case.
- The attorney agrees to notify the clinic immediately upon any change in legal representation or the resolution of the case.

Please find the patient's initial intake records and current fee schedule enclosed for your files. We will provide periodic updates regarding the patient's status and billing upon request.

Accepted and Agreed by:

_____
Authorized Signature
[Name and Title]
[Chiropractic Clinic Name]

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