[Date]

[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]

**RE: Letter of Protection Acknowledgment and Acceptance**

**Patient Name:** [Patient Full Name]
**Date of Birth:** [DOB]
**Date of Incident:** [Date of Accident/Injury]

Dear [Attorney Name],

This letter serves as formal acknowledgment and acceptance of the Letter of Protection (LOP) received by the office of [Surgeon Name/Practice Name] on [Date LOP Received], regarding the above-referenced patient.

We agree to provide necessary orthopedic evaluation and surgical treatment to [Patient Name] on a lien basis. In consideration for these medical services, it is understood that our outstanding balance will be paid in full directly from any settlement, judgment, or verdict recovered on behalf of the patient.

By accepting this LOP, we request that your office:

- Keep this office informed of the status of the legal claim.
- Notify us immediately upon the resolution of the case.
- Ensure that [Surgeon Name/Practice Name] is listed as a protected medical provider on the final settlement distribution.

This agreement does not relieve the patient of ultimate personal responsibility for the medical debt should the legal claim be unsuccessful or if the recovery is insufficient to cover the total balance.

Please place a copy of this signed acknowledgment in the patient's legal file.

Sincerely,

[Signature]
[Printed Name of Surgeon or Authorized Representative]
[Title]
[Practice Name]