[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 Injury: [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 by [Physical Therapy Clinic Name] on [Date LOP Received] regarding the above-referenced patient.

We agree to provide necessary physical therapy services to [Patient Name] on a medical lien basis. In consideration for these services, we understand that your office agrees to withhold and pay the total balance of our medical charges directly from any settlement, judgment, or insurance proceeds recovered on behalf of the patient.

Our acceptance of this LOP is subject to the following terms:

- The patient remains ultimately responsible for the total balance of their account regardless of the outcome of the legal case.
- Your office agrees to notify [Physical Therapy Clinic Name] immediately upon the resolution of this case.
- Payments shall be issued to this facility within [Number] days of the receipt of settlement funds.

Please find the patient's current treatment plan and initial evaluation attached. We will provide updated billing statements and progress notes upon request.

Sincerely,

[Signature]
[Printed Name]
[Title/Office Manager]
[Physical Therapy Clinic Name]