DIAGNOSTIC IMAGING LETTER OF PROTECTION ACKNOWLEDGMENT AND ACCEPTANCE

Date: [Date]

Patient Name: [Patient Full Name]
Date of Incident: [Date of Accident/Injury]
Law Firm: [Name of Attorney/Law Firm]
Attorney Reference/Claim Number: [Reference Number]

To [Attorney Name/Law Firm Name],

This letter serves as formal acknowledgment and acceptance of the Letter of Protection (LOP) received on [Date LOP was received] regarding the diagnostic imaging services provided to the above-referenced patient.

By signing this acceptance, [Name of Imaging Center] agrees to provide the necessary diagnostic services and to withhold immediate pursuit of payment from the patient, pending the outcome of their legal claim or settlement.

Terms of Acceptance:

- The Attorney agrees to notify [Name of Imaging Center] immediately upon the settlement or resolution of the case.
- The Attorney agrees to pay the outstanding balance for diagnostic services directly from the settlement, judgment, or insurance proceeds prior to distribution to the patient.
- The Patient remains ultimately responsible for the total balance of the medical charges regardless of the outcome of the legal case.
- The Attorney agrees to protect the medical provider's bill and will not release funds to the patient until the provider's lien/LOP has been satisfied.

Please find the estimated/final charges for the services rendered below:

Service(s): [List Services, e.g., MRI Lumbar Spine, CT Scan]
Total Amount Due: $[Amount]

Accepted and Agreed to by:

_____
Authorized Representative
[Name of Imaging Center]
Date: [Date Signed]

_____
Acknowledged by Attorney

[Name of Attorney/Law Firm]
Date: [Date Signed]