[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 Loss/Injury: [Date]
Account Number: [Hospital Account Number]

Dear [Attorney Name],

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

We agree to withhold active collection efforts on this account pending the resolution of the legal claim or settlement. It is our understanding that [Law Firm Name] agrees to protect the medical legal interest of [Hospital Name] and will satisfy the outstanding balance of $[Total Amount Owed] directly from any settlement, judgment, or insurance recovery proceeds before distribution to the patient.

Please note the following conditions of this acceptance:

- The patient remains ultimately responsible for the full balance if the legal claim is denied or if the recovery is insufficient to cover the debt.
- Counsel agrees to notify [Hospital Name] immediately upon the settlement or conclusion of the case.
- Payments should be made payable to [Hospital Name] and mailed to [Mailing Address for Payments].

If you have any questions or require updated billing statements, please contact our Billing Department at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Hospital Name]