DATE: [Date]

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

RE: Letter of Protection Acknowledgment and Acceptance

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Incident]

Dear [Attorney Name],

This letter serves as formal acknowledgment and acceptance of the Letter of Protection (LOP) received by [Pain Management Clinic Name] regarding the above-referenced patient.

By signing this acknowledgment, [Pain Management Clinic Name] agrees to provide necessary medical evaluation and pain management treatment to the patient on a credit basis. We understand that payment for all medical services rendered will be deferred until the conclusion of the patient's legal claim, whether by settlement, judgment, or verdict.

In consideration of these services, the Attorney agrees to the following:

- To notify [Pain Management Clinic Name] immediately upon the resolution of the case.
- To withhold and pay directly to [Pain Management Clinic Name] all sums due and owing for medical services from any settlement or judgment proceeds.
- To provide a status update on the case upon reasonable request.

The patient remains ultimately responsible for the total balance of their medical bills regardless of the outcome of the legal matter.

Please return a countersigned copy of this acknowledgment for our records.

Sincerely,

_____
[Authorized Signature]
[Printed Name/Title]
[Pain Management Clinic Name]

Accepted and Agreed by Counsel:

_____

[Attorney Signature]
[Date]