[Date]

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

RE: Letter of Protection Acknowledgment and Acceptance

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
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 the office of **[Neurology Practice Name]** regarding the above-referenced patient.

We agree to provide necessary neurological evaluation, diagnostic testing, and treatment for the patient on a medical lien basis. In consideration of these services, we understand that your firm agrees to withhold sufficient funds from any settlement, judgment, or recovery to satisfy the full amount of our medical charges.

This acceptance is contingent upon the following terms:

- The attorney will notify this office immediately upon the resolution of the case.
- Payment will be made directly to this office within [Number] days of receipt of settlement funds.
- The patient remains ultimately responsible for the total balance of the account regardless of the outcome of the legal matter.

Please keep our office informed of the status of this litigation. If there are any changes regarding your representation of this patient, please notify us in writing immediately.

Sincerely,

[Doctor/Manager Signature]
[Printed Name]
[Title]
[Neurology Practice Name]
[Phone Number]