REHABILITATION FACILITY LETTER OF PROTECTION ACKNOWLEDGMENT AND ACCEPTANCE

Date: [Date]

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

RE: [Patient Name]
Date of Incident: [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 [Rehabilitation Facility Name] on [Date LOP Received] regarding the above-referenced patient.

We agree to provide the necessary rehabilitation services and medical treatment to the patient on a credit basis. In consideration of these services, we understand and agree that:

- Payment for all services rendered shall be withheld until the conclusion of the patient's legal claim, whether by settlement, judgment, or award.
- The attorney shall notify [Rehabilitation Facility Name] immediately upon the resolution of the case.
- The attorney agrees to withhold from the proceeds of any settlement or judgment the full amount due for services rendered by this facility and to remit payment directly to us.
- The patient remains ultimately responsible for the total cost of treatment regardless of the outcome of the legal matter.

Please find the patient's current itemized statement of charges attached, if applicable. We will continue to update your office with supplemental billing as treatment progresses.

If you have any questions regarding this acknowledgment, please contact our billing department at [Phone Number].

Sincerely,

[Signature]
[Printed Name of Authorized Representative]
[Title]
[Rehabilitation Facility Name]

ACKNOWLEDGED BY ATTORNEY:

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[Attorney Signature]