

Date: [Date]

To: [Medical Provider Name]

[Provider Address]

[City, State, Zip Code]

Patient Name: [Patient Name]

Date of Incident: [Date of Injury]

Claim Number: [Claim Number, if applicable]

RE: CONDITIONAL LETTER OF PROTECTION SUBJECT TO SETTLEMENT
RECOVERY

Dear [Medical Provider Name],

Please be advised that this office represents [Patient Name] regarding a personal injury claim arising from the incident occurring on [Date of Incident].

In consideration of your agreement to provide medical services and/or defer payment for services rendered to our client, this letter serves as a Conditional Letter of Protection. We hereby agree to withhold and pay directly to your office those sums due and owing for medical services out of any settlement, judgment, or verdict recovered on behalf of our client.

Terms and Conditions:

- This letter is strictly conditional upon the successful recovery of funds. If no recovery is made, this office shall not be held responsible for the payment of medical bills.
- Payment to your office will be made only from the net proceeds of a settlement or judgment after the deduction of attorney fees and litigation costs.
- In the event that the recovery is insufficient to pay all medical liens in full, you agree to negotiate a pro-rata reduction of your bill in good faith.
- The client remains ultimately responsible for all medical charges incurred regardless of the outcome of the legal case.

By providing treatment under this letter, you agree that you will not seek collection efforts against the client or report any delinquency to credit agencies while the legal claim is pending.

Please acknowledge your acceptance of these terms by signing below and returning a copy to our office.

Sincerely,

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGED AND AGREED:

[Medical Provider Authorized Signature]

[Date]

CLIENT CONSENT:

I hereby authorize my attorney to pay the medical provider directly from any recovery made in my case according to the terms above.

[Patient/Client Signature]