

Date: [Date]

To: [Chiropractor Name/Clinic Name]

Address: [Clinic Address]

City, State, Zip: [City, State, Zip]

RE: Conditional Letter of Protection

Patient/Client: [Patient Name]

Date of Incident: [Date of Accident/Injury]

Claim Number: [Insurance Claim Number, if applicable]

Dear [Chiropractor Name],

Please be advised that this office represents [Patient Name] regarding personal injury claims arising from the incident referenced above. Our client is seeking chiropractic evaluation and treatment from your facility.

In consideration of your agreement to provide medical services and defer immediate payment, this letter serves as a Conditional Letter of Protection. We agree to withhold and pay directly to your office any outstanding balances for necessary medical treatment rendered to our client from any settlement, judgment, or verdict received in this matter.

This agreement is subject to the following conditions:

- Payment is contingent upon the successful recovery of funds through settlement or trial.
- Total recovery must be sufficient to cover all legal fees, costs, and prior superior liens.
- Your office agrees to provide periodic medical reports and itemized billing statements upon request.
- This letter does not guarantee full payment if the recovery is insufficient to satisfy all obligations.

The client remains ultimately responsible for the cost of all medical services provided, regardless of the outcome of the legal case. We request that you do not pursue active collection efforts against the client while this 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]

ACKNOWLEDGMENT AND AGREEMENT:

I, the undersigned, hereby agree to the terms of this Conditional Letter of Protection and agree to provide the requested medical documentation.

[Chiropractor/Representative Signature]

[Date]