

Date: [Date]

To: [Medical Provider Name]

Address: [Provider Address]

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

RE: [Patient/Client Name]

Date of Incident: [Date of Accident]

Claim Number: [Insurance Claim Number, if known]

Dear [Medical Provider Name],

This letter serves as a Conditional Letter of Protection regarding the legal claim of the above-named client. Our office represents [Client Name] in a personal injury matter arising from the incident occurring on [Date of Incident].

In consideration of your agreement to provide medical treatment and/or services on credit, our office agrees to protect your outstanding balance for services related to this incident from any settlement or judgment recovered on behalf of the client, subject to the following conditions:

- 1. Prior Liens:** This Letter of Protection is expressly subject to any and all prior liens, including but not limited to, statutory liens, hospital liens, government subrogation (Medicare/Medicaid), and health insurance reimbursement rights. These obligations will be satisfied prior to any distribution to your facility.
- 2. Net Recovery:** Payment to your facility is contingent upon a successful recovery. If no recovery is made, or if the net recovery (after attorney fees, costs, and prior liens) is insufficient to cover all outstanding medical bills, the client remains personally responsible for the balance of your bill.
- 3. Final Billing:** Please provide our office with a final itemized statement and medical records immediately upon the conclusion of the client's treatment.
- 4. Direction to Pay:** By signing below, the client hereby authorizes and directs their attorney to pay the provider directly from the proceeds of any settlement or judgment, subject to the conditions listed above.

Sincerely,

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGMENT AND AGREEMENT:

I, [Client Name], have read and understand the terms of this Conditional Letter of Protection. I authorize my attorney to withhold funds from my settlement or judgment to pay [Medical Provider Name], subject to the priority of existing liens.

[Client Signature]

[Date]