

[Date]

[Medical Provider Name]

[Address]

[City, State, Zip Code]

RE: Letter of Protection (Conditional)

Patient Name: [Patient Name]

Date of Incident: [Date of Incident]

Claim Number: [Claim Number, if applicable]

Dear [Medical Provider Name],

Our office represents the above-named client regarding injuries sustained in the incident referenced above. This letter serves as a Conditional Letter of Protection (LOP) concerning the medical services provided to our client.

Please be advised that our client is currently pursuing a legal claim against a third party. We authorize you to treat our client, and in consideration for your agreement to provide medical services and defer immediate payment, we agree to protect your outstanding balance for services related to this incident from any settlement, judgment, or recovery obtained on behalf of our client.

Conditions of Payment:

- Payment is strictly contingent upon the successful recovery of funds from a third party through settlement or judgment.
- In the event that no recovery is made, or if the recovery is insufficient to satisfy all liens and costs, our office shall not be held liable for the payment of the medical bills.
- This agreement does not relieve the patient of their ultimate personal financial responsibility to the provider should the legal claim be unsuccessful.

By accepting this letter, you agree to refrain from any collection efforts against our client or reporting the debt to credit agencies while the legal claim is pending.

Please provide our office with copies of all medical records and itemized billing statements as they become available. We will notify you upon the resolution of the claim.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

Acknowledged and Agreed:

[Medical Provider Representative Name/Title]

Date: _____

[Client/Patient Signature]

Date: _____