

LIMITED MEDICAL LIEN / LETTER OF PROTECTION

Date: [Date]

To: [Medical Provider Name]

Address: [Medical Provider Address]

Patient Name: [Patient Name]

Date of Accident: [Date of Accident]

RE: Limited Letter of Protection for Medical Services

Dear [Medical Provider Name/Billing Department],

Please be advised that this firm represents the above-named patient in a legal claim for personal injuries sustained in the accident referenced above.

This letter serves as a **Limited Letter of Protection** regarding the medical services provided to our client. By this agreement, our client authorizes and directs this firm to withhold sufficient funds from any future settlement or judgment to pay the reasonable and necessary medical expenses incurred with your facility for this specific accident.

Terms of this Limited Lien:

- This lien applies only to treatment directly related to the accident on [Date of Accident].
- Payment is contingent upon the successful recovery of a settlement or judgment.
- If no recovery is made, the patient remains personally responsible for the balance of the bill.
- This firm agrees to notify your office upon the final resolution of the legal claim.

In exchange for this Letter of Protection, we request that you place the patient's account on hold and refrain from pursuing active collection efforts or reporting this debt to credit agencies while the legal claim is pending.

Please sign below to acknowledge your acceptance of these terms and return a copy to our office. Please also provide a current statement of charges and all medical records pertaining to this patient's treatment.

Sincerely,

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGED AND AGREED:

[Medical Provider Representative Signature]

Date: _____

CLIENT/PATIENT CONSENT:

I hereby authorize my attorney to pay the medical provider directly from the proceeds of my settlement as described above.

[Patient Signature]