

Date: [Date]

To: [Medical Provider Name/Facility]

Address: [Provider Address]

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

RE: Patient/Client Name: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date of Incident]

Our Case File Number: [Case Number]

Dear [Medical Provider Name],

This letter serves as a formal Letter of Protection (LOP) regarding the medical treatment provided to the above-named patient for injuries sustained in the aforementioned incident. Our firm represents the patient in their legal claim for damages.

1. Agreement to Defer Payment: In consideration for your agreement to provide medical services and defer collection of payment until the conclusion of the patient's legal claim, our firm agrees to protect your financial interest from any settlement or judgment proceeds received.

2. Maximum Financial Exposure: Notwithstanding the total amount of medical bills incurred, the maximum financial exposure and total liability under this Letter of Protection shall not exceed the sum of **[\$Amount]**. By accepting this letter, you agree that this amount represents the maximum recovery available from any settlement or judgment funds, regardless of the final total of your billings.

3. Disbursement of Funds: Payment shall be made directly to your office out of the net proceeds of any recovery (settlement or judgment) obtained on behalf of the patient. If no recovery is obtained, the patient remains personally responsible for the balance of your fees.

4. Notification: We agree to notify your office upon the final resolution of the legal claim. We request that you provide us with updated medical records and final billing statements as soon as treatment is concluded.

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 to:

[Authorized Representative of Medical Provider]

Date: _____