Date: [Insert Date]

[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]

RE: Letter of Protection Formal Acknowledgment

Patient Name: [Insert Patient Name]
Date of Accident/Injury: [Insert Date]
Account/Reference Number: [Insert Number]

Dear [Attorney Name],

This letter serves as formal acknowledgment and acceptance of the Letter of Protection (LOP) received by our office on [Date LOP Received] regarding the above-referenced patient.

We agree to provide medical services to the patient and will withhold collection efforts against the patient personally pending the resolution of their legal claim. In exchange, you agree to protect our interest in any settlement, judgment, or recovery obtained on behalf of the patient.

By signing this acknowledgment, it is understood that:

- Payment for all medical services rendered is to be made directly to [Provider/Clinic Name] from the proceeds of any settlement or judgment.
- The attorney will notify our office immediately upon the resolution of the case.
- The patient remains ultimately responsible for the total balance of the medical charges should the legal recovery be insufficient to cover the costs.

Please keep this office updated on the status of the case. Our current outstanding balance for this patient as of today is $[Insert Amount].

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Medical Provider/Facility Name]