[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Medical Provider Name]
[Billing Department]
[Address]
[City, State, Zip Code]

RE: Proposed Final Settlement and Payment for Letter of Protection

Patient Name: [Patient Full Name]
Date of Service: [Date of Treatment]
Account/Claim Number: [Account Number]
Total Billed Amount: $[Total Amount]

Dear Billing Manager,

As you are aware, this office represents [Client Name] regarding a personal injury claim. Your services were previously secured under a Letter of Protection (LOP) issued on [Date LOP was signed].

We are currently in the process of finalizing the settlement for this matter. Based on the available recovery funds and the necessity of resolving all outstanding liens, we are proposing a final payment of **$[Proposed Amount]** as full and final satisfaction of the balance owed on this account.

This proposal represents [Percentage]% of the total billed amount. Given the limitations of the settlement, we believe this is a fair and equitable distribution of the proceeds.

Please indicate your acceptance of this proposed payment by signing below and returning a copy to our office. Upon receipt of the signed agreement and the settlement check from the carrier, we will issue payment immediately.

By signing below, you agree that receipt of the proposed amount shall constitute full payment for all services rendered to the patient for this claim and that any remaining balance will be waived and written off.

Sincerely,

[Your Signature]

[Your Printed Name]

ACCEPTED AND AGREED TO:

By: _____
(Authorized Representative for Medical Provider)

Date: _____