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

[Date]

[Provider Name]
[Provider Address]
[City, State, Zip Code]

RE: Request for Reduction of Medical Lien / Letter of Protection

Patient Name: [Patient Name]
Date of Service: [Date of Service]
Account Number: [Account Number]
Total Billed Amount: $[Amount]

Dear Billing Department,

I am writing to inform you that we have reached a settlement regarding the personal injury claim for the above-referenced client. Unfortunately, the total settlement funds available are insufficient to cover all outstanding medical liens, legal fees, and costs in full while still providing a recovery for the client.

To facilitate the final distribution of this settlement, we are formally requesting a reduction of your outstanding balance held under the Letter of Protection (LOP).

Our Proposal:

Current Balance: $[Amount]
Proposed Reduced Payment: $[Amount]

This proposed amount represents a [Percentage]% reduction. Acceptance of this payment will be considered full and final satisfaction of the lien against this client's case. We believe this is a fair and equitable distribution given the limited recovery funds available.

Please review this request and provide a written confirmation if this reduction is acceptable. Once we receive your approval, we will issue payment immediately upon the clearing of the settlement funds.

Thank you for your cooperation and for the care provided to our client.

Sincerely,

[Your Signature]
[Your Printed Name]