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

[Date]

[Medical Provider Name]
[Attention: Billing Department/Collections]
[Street Address]
[City, State, Zip Code]

RE: Reduction Proposal for Outstanding Balance under Letter of Protection

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Service: [DOS]
Account Number: [Account #]
Total Outstanding Balance: $[Amount]

To Whom It May Concern,

Our office represents [Patient Name] regarding a personal injury claim arising from an incident on [Date of Accident]. As you are aware, your services were provided under a Letter of Protection (LOP).

We are currently in the process of resolving this matter. Unfortunately, the total recovery funds available are insufficient to satisfy all outstanding medical liens, legal fees, and costs in full. To achieve a final settlement and ensure all parties receive a pro-rata distribution, we are requesting a reduction of the outstanding balance.

Proposed Settlement Amount: $[Insert Proposed Amount]

This offer represents a [Insert Percentage]% payment of the total billed amount. This payment would be considered full and final satisfaction of the lien and the patient's account. Payment will be issued immediately upon receipt of signed acceptance and the finalization of the settlement release.

Please indicate your acceptance of this proposal by signing below and returning this letter via email to [Email] or fax to [Fax Number].

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

Sincerely,

[Your Signature]
[Your Printed Name]

Acceptance of Reduction Proposal:

The undersigned agrees to accept $[Proposed Amount] as full and final payment for the account(s) listed above.

Signature: _____ Date: _____
Printed Name: _____ Title: _____