

**Date:** [Date]

**To:**

[Provider Name/Medical Facility]

[Provider Address]

[City, State, Zip Code]

**Re: Satisfaction and Release of Letter of Protection**

**Patient Name:** [Patient Full Name]

**Date of Incident:** [Date of Accident/Injury]

**Account/Reference Number:** [Account Number]

To Whom It May Concern,

This letter serves as formal notification that the Letter of Protection (LOP) previously issued by this office on behalf of [Patient Name] has been fully satisfied.

Payment in the amount of \$[Amount Paid] has been issued to your facility, representing the final agreed-upon settlement for medical services rendered in connection with the above-referenced matter.

By acceptance of this payment, you hereby acknowledge:

- Full satisfaction of all outstanding balances related to this claim.
- The formal release and discharge of the Letter of Protection.
- The release of any liens or claims against the patient's legal recovery or settlement proceeds.

Please update your records to show a zero balance for this account. If you have any questions regarding this release, please contact our office immediately.

Sincerely,

[Signature]

[Your Name/Attorney Name]

[Law Firm Name]

[Phone Number]

[Email Address]