[Current Date]

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

RE: Payment Disbursement for [Patient/Client Name]
Date of Incident: [Date of Accident/Injury]
Your Reference/Account Number: [Account Number]

Dear Billing Department,

Enclosed please find a check in the amount of $[Amount] representing payment for the medical services rendered to our client, [Client Name], in connection with the above-referenced matter.

This payment is being issued pursuant to the Letter of Protection (LOP) previously executed. We kindly request that you apply these funds to the outstanding balance of the patient's account. By accepting this payment, you agree that the account is now [settled in full / paid as an agreed-upon reduction].

Please update your records to reflect that the lien against this client's personal injury recovery has been satisfied.

If you have any questions regarding this disbursement, please contact our office directly at [Phone Number].

Sincerely,

[Your Name/Law Firm Name]
[Signature]
[Title]

Enclosure: Check #[Check Number]