[Date]

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

RE: Notice of Final Disbursement and Satisfaction of Letter of Protection

Patient: [Client Name]
Date of Loss: [Date of Accident/Injury]
Our File Number: [Claim/File Number]

Dear Billing Department,

Please be advised that the personal injury claim for the above-referenced client has been resolved. Enclosed you will find a check in the amount of $[Amount] as payment for the medical services rendered to our client.

This payment constitutes the full and final settlement of all outstanding balances owed to your facility regarding this matter. Pursuant to the Letter of Protection (LOP) previously issued by this office, this payment serves as a complete satisfaction of that agreement and any associated liens.

Please update your records to show a zero balance for [Client Name] regarding the treatment dates associated with this claim. If you have any questions regarding this disbursement, please contact our office immediately.

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

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]

Enclosure: Settlement Check