[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

**RE: Partial Payment for Outstanding Letter of Protection**
**Patient Name:** [Patient Name]
**Account/Reference Number:** [Account Number]
**Date of Service:** [Date of Service]

Dear Billing Department,

Please find enclosed a partial payment in the amount of $[Amount] regarding the outstanding balance for the above-referenced account, which is currently held under a Letter of Protection (LOP).

This payment is being made to show a good-faith effort toward the balance while the legal claim associated with this matter remains pending. Please apply this payment directly to the principal balance of the account.

Please note that this payment does not waive any rights under the existing Letter of Protection, and the remaining balance is still expected to be resolved upon the final settlement or resolution of the legal case.

Kindly send a written acknowledgment of receipt and an updated statement showing the remaining balance to my office at your earliest convenience.

Thank you for your cooperation and continued patience.

Sincerely,

[Your Signature]
[Your Printed Name]

**Enclosure:** Check #[Check Number]