[Date]

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

RE: Settlement and Disbursement of Account
Patient Name: [Patient Name]
Date of Accident: [Date of Accident]
Account Number: [Account Number]

Dear Billing Department,

This letter serves as formal notification regarding the personal injury claim for the above-referenced patient. As you are aware, your office holds a Letter of Protection (LOP) for the medical services provided.

We are pleased to inform you that this matter has reached a settlement. Based on our prior negotiations and your agreement to accept a reduced amount in full satisfaction of the outstanding balance, we are enclosed a check for the agreed-upon amount.

Negotiated Settlement Details:

- Total Original Bill: $[Amount]
- Negotiated Reduction: $[Amount]
- **Final Disbursement Amount: $[Amount]**

By accepting and depositing the enclosed payment, you agree that this account is paid in full. This payment constitutes a complete release of any and all liens or claims held against [Patient Name] and [Law Firm Name] regarding the services rendered for this specific accident.

Please update your records to reflect a zero balance. Thank you for your cooperation and for providing medical care to our client.

Sincerely,

[Your Name/Signature]
[Law Firm Name]
[Phone Number]

Enclosure: Check #[Check Number]