[Date]

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

Re: Satisfaction of Letter of Protection

Patient/Client: [Client Name]
Date of Loss: [Date of Incident]
Claim Number: [Claim Number]

Dear [Contact Name or Billing Department],

Enclosed please find a check in the amount of $[Amount] issued from our Trust Account. This payment is being tendered as full and final satisfaction of the Letter of Protection (LOP) held by your office regarding the above-referenced client.

By accepting and negotiating this check, you acknowledge that all outstanding balances for services rendered to [Client Name] related to the aforementioned date of loss have been paid in full, and any liens or claims associated with the Letter of Protection are hereby released.

Please update your records to reflect that this account is closed and satisfied. If you have any questions regarding this payment, please contact our office immediately.

Sincerely,

[Signature]
[Sender Name]
[Law Firm Name]

Enclosure: Trust Account Check #[Check Number]