[Date]

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

RE: Notice of Settlement and Payment of Lien/Letter of Protection

Patient: [Patient Name]
Date of Loss: [Date of Accident]
Account Number: [Provider Account Number]
Total Lien Amount: $[Amount]

To Whom It May Concern:

Please be advised that the personal injury claim for the above-referenced patient has been resolved.

Pursuant to the Hospital Lien and/or Letter of Protection (LOP) on file with our office, enclosed please find a check in the amount of $[Payment Amount] made payable to [Provider Name].

This payment represents [Full Payment / Negotiated Final Settlement] of the outstanding balance for services rendered to the patient in relation to the date of loss specified above.

By accepting and depositing the enclosed check, you acknowledge that the lien is satisfied in full and that all claims against the patient and this firm regarding this specific matter are released.

Please update your records to reflect a zero balance and provide us with a formal Release of Lien if required by local statutes.

Sincerely,

[Attorney Name]
[Law Firm Name]
[Phone Number]

Enclosure: Check #[Check Number]