head>

[Date]

[Chiropractic Clinic Name]
[Attn: Billing Department]
[Address]
[City, State, Zip Code]

RE: Settlement Disbursement / Payment of Medical Lien
Patient: [Patient Name]
Date of Loss: [Date of Incident]
Claim Number: [Claim Number]

Dear Billing Manager,

Our office has successfully resolved the personal injury claim for the above-referenced client. According to our records, your facility provided chiropractic treatment to our client under a Letter of Protection (LOP).

Enclosed please find a check in the amount of **$[Amount]**. This payment represents [Select one: full payment / the agreed-upon reduced amount] for the services rendered to our client.

Please update your records to show that this account is now paid in full. By accepting and cashing this check, you acknowledge that all liens or claims against [Client Name] and this law firm regarding this matter are fully satisfied and released.

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

Sincerely,

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

Enc: Settlement Check