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

[Date]

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

RE: Payment for Services Provided to [Client Name]
Date of Loss: [Date of Incident]
Claim Number: [Claim Number]
Patient DOB: [Date of Birth]

Dear Billing Department,

Our office has successfully resolved the personal injury claim for the above-referenced client. This matter was previously subject to a Letter of Protection (LOP) issued to your facility.

Enclosed please find Check No. [Check Number] in the amount of $[Amount] as payment for the medical services rendered to our client. This disbursement is based on the final settlement accounting and any previously negotiated reductions agreed upon by your office.

Please apply these funds to the account of [Client Name]. By accepting and depositing this check, your office acknowledges that this constitutes payment in full for all outstanding balances related to this claim and that any associated liens or Letters of Protection are hereby released and satisfied.

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

Sincerely,

[Attorney Name]
[Your Law Firm Name]

Enclosure: Payment Check