Date: [Insert Date]

To: [Insert Name of Financial Institution/Escrow Agent]
Address: [Insert Address]
Re: Disbursement of Escrow Funds

Claimant/Client: [Insert Name]
Escrow Account Number: [Insert Number]
Reference: Letter of Protection (LOP) dated [Insert Date]

To Whom It May Concern,

This letter serves as formal authorization to release and disburse funds currently held in escrow related to the above-referenced matter. The conditions outlined in the Letter of Protection (LOP) issued to [Insert Medical Provider/Lien Holder Name] have been satisfied.

Please issue payment in the amount of **$[Insert Amount]** to the following party:

Payee Name: [Insert Name of Provider/Firm]
Tax ID/EIN: [Insert Number]
Mailing Address: [Insert Address]

The remaining balance of **$[Insert Amount]**, if any, should be disbursed to [Insert Name of Client/Firm] as per the settlement agreement.

Upon disbursement of these funds, the obligations under the specific Letter of Protection mentioned above shall be considered fulfilled and discharged.

Please contact my office at [Insert Phone Number] if you require further documentation or verification.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Law Firm Name]