

Date: [Date]

To: [Medical Provider/Lien Holder Name]

Address: [Provider Address]

City, State, Zip: [City, State, Zip]

RE: Settlement Disbursement and Letter of Protection Satisfaction

Patient Name: [Patient Name]

Date of Incident: [Date of Incident]

Account Number: [Account Number/Reference Number]

Dear [Contact Person or Billing Department],

This letter serves as formal notification that the personal injury claim for the above-referenced patient has been settled. Our records indicate that your facility/office holds a Letter of Protection (LOP) regarding the outstanding balance for medical services provided to the patient.

Enclosed please find a check in the amount of \$[Amount]. This payment is issued from the settlement proceeds and is intended to represent:

[] Full and final payment of the outstanding balance.

[] A negotiated settlement amount of \$[Amount] as previously agreed upon on [Date] to satisfy the lien in full.

By accepting and depositing this payment, you acknowledge that the Letter of Protection is satisfied and any liens against the patient's settlement are hereby released. Please update the patient's account to reflect a zero balance.

If you have any questions regarding this disbursement, please contact our office at [Phone Number].

Sincerely,

[Your Name/Law Firm Name]

[Phone Number]

[Email Address]

Enclosure: Settlement Check