

[Date]

[Medical Provider Name]

[Provider Address]

[City, State, Zip Code]

RE: Letter of Protection (Notice of Financing)

Patient: [Patient Name]

Date of Incident: [Date of Accident/Injury]

Account Number: [Provider Account Number]

Dear Billing Department,

Please be advised that this office represents [**Patient Name**] in a legal claim regarding injuries sustained on the date referenced above.

This letter serves as a formal **Letter of Protection (LOP)**. Please be informed that our client has entered into a financing agreement with [**Financing Company Name**] ("The Financier") to facilitate the payment of medical expenses related to this case.

By way of this notice, we authorize and direct you to provide all final medical bills and records to both this law firm and [**Financing Company Name**]. Upon the settlement or successful adjudication of this legal claim, [**Financing Company Name**] shall be granted a lien against the proceeds of the case for the costs of medical services rendered, subject to the terms of the financing agreement.

The patient/client hereby directs this law firm to withhold such sums from any recovery as are necessary to satisfy the outstanding medical charges or the financier's interest, and to pay those sums directly to the appropriate party before distributing any remaining funds to the client.

Please acknowledge receipt of this notice by signing below and returning a copy to our office via [Fax/Email].

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

ACKNOWLEDGED AND AGREED:

[Medical Provider Representative Name/Title]

Date: _____