

**[Date]**

**[Medical Provider Name]**

**[Provider Address]**

**[City, State, Zip Code]**

**RE: Letter of Protection and Undertaking**

**Client/Patient:** [Patient Name]

**Date of Incident:** [Date]

**Claim Number:** [Claim Number, if applicable]

Dear [Contact Person or Doctor Name],

Please be advised that this firm represents [Patient Name] in a legal claim for personal injuries sustained in the above-referenced incident.

Our client is seeking medical treatment from your facility. In consideration of your agreement to provide medical services and await payment until the conclusion of the legal claim, this office hereby provides this Letter of Protection (LOP).

We undertake to withhold and pay to your facility such sums as may be due and owing for medical services rendered to our client directly from any settlement, judgment, or recovery received in this matter. This payment will be made after the deduction of attorney's fees and legal costs, and prior to any distribution to the client.

Please note the following conditions:

- This undertaking is contingent upon a recovery being made. If there is no recovery, this firm is not responsible for the medical bills.
- The client remains ultimately responsible for the payment of all medical charges.
- We request that you provide us with a complete set of medical records and itemized billing statements upon the conclusion of treatment.

By providing treatment under this LOP, you agree to exhaust all available primary insurance coverage (if any) before seeking payment from the legal recovery.

Please sign and return a copy of this letter to acknowledge your acceptance of these terms.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]

[Law Firm Name]

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**ACKNOWLEDGED AND AGREED:**

By: \_\_\_\_\_ Date: \_\_\_\_\_

[Authorized Representative of Medical Provider]