

**DATE:** [Insert Date]

**TO:** [Medical Provider Name/Facility Name]

**ATTN:** Billing Department

**ADDRESS:** [Provider Address]

**RE: FINAL SETTLEMENT AND PAYMENT NOTICE**

**Patient Name:** [Patient Name]

**Date of Service:** [Date of Incident/Service]

**Account Number:** [Account/Reference Number]

Dear Billing Manager,

This letter serves as formal notice regarding the Letter of Protection (LOP) held by your office for the above-referenced patient. Please be advised that the personal injury claim associated with this matter has reached a final settlement.

Enclosed with this letter is a check in the amount of \$[Amount] as payment for the medical services rendered to the patient. This payment is issued in accordance with the terms of the Letter of Protection and the final distribution of the settlement funds.

**Payment Summary:**

- Total Billed Amount: \$[Total Billed]
- Negotiated/Reduction Amount (if applicable): \$[Reduction Amount]
- **Final Payment Amount: \$[Final Check Amount]**

By accepting and depositing the enclosed payment, you acknowledge that this account is now paid in full and that the Letter of Protection is hereby satisfied and released. Please update your records to reflect a zero balance for this patient regarding this specific matter.

Should you have any questions regarding this payment, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Law Firm Name]

[Your Title]

[Phone Number]

**Enclosure:** [Check Number]