

[Date]

[Provider Name]
[Provider Address]
[City, State, Zip Code]

RE: Letter of Protection

Patient Name: [Patient Name]
Date of Incident: [Date of Incident]
Claim Number: [Insurance Claim Number, if applicable]

Dear [Provider Name or Billing Manager],

Please be advised that this office represents the above-referenced patient in a legal claim for personal injuries sustained on the date mentioned above. Our client is seeking medical treatment from your facility for injuries related to this incident.

This letter serves as a formal Letter of Protection (LOP). We request that you provide all necessary and reasonable medical services to our client on credit. In exchange, we agree to protect your outstanding medical bills from any settlement, judgment, or recovery obtained on behalf of our client.

By accepting this Letter of Protection, you agree to withhold direct collection efforts against the patient during the pendency of the legal claim. Upon the resolution of the case, this office will satisfy the outstanding balance directly from the settlement proceeds before any funds are disbursed to the client.

Please note that this letter does not guarantee the success of the legal claim or the sufficiency of the settlement to cover all costs, but it ensures that your facility will be prioritized for payment upon the receipt of any recovery funds.

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

Sincerely,

[Attorney Name]
[Law Firm Name]

Acknowledge and Agreed:

[Provider Representative Signature]

[Date]