

[Date]  
[Attorney Name]  
[Law Firm Name]  
[Address]  
[City, State, Zip]

**RE: LETTER OF PROTECTION**

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

Dear [Attorney Name],

This letter serves as a formal Letter of Protection regarding the chiropractic care and medical services provided by [Clinic Name/Doctor Name] to your client, [Patient Name], for injuries sustained in the above-referenced accident.

We understand that [Patient Name] is currently pursuing a legal claim or settlement related to this incident. As an out-of-network provider, we agree to provide necessary chiropractic treatment to the patient on a credit basis, in exchange for your agreement to protect our medical lien.

By signing this document, you acknowledge that our office is granted a lien on any settlement, judgment, or verdict proceeds obtained on behalf of [Patient Name]. You agree to withhold such sums from any recovery as are necessary to pay our medical bills in full and to remit payment directly to our office upon the resolution of the case.

This agreement shall remain in effect regardless of any change in legal representation. We will provide you with updated medical records and billing statements upon request to assist in your settlement negotiations.

Please acknowledge your agreement to these terms by signing below and returning a copy to our office.

Sincerely,

[Doctor/Clinic Representative Name]  
[Clinic Name]

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**ACKNOWLEDGED AND AGREED:**

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[Attorney Signature]  
Date: \_\_\_\_\_

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[Patient/Client Signature]

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