

[Date]

[Attorney Name]

[Law Firm Name]

[Address]

[City, State, Zip Code]

**RE: Letter of Protection**

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Date of Incident:** [Date of Incident]

Dear [Attorney Name],

This letter serves to confirm that [Physical Therapy Practice Name] agrees to provide physical therapy services to the above-referenced patient on a "Letter of Protection" basis regarding their personal injury claim.

By signing this document, your office agrees to withhold and pay directly to [Physical Therapy Practice Name] any and all sums due and owing for services rendered to this patient out of any settlement, judgment, or verdict. This payment shall be made prior to any distribution of funds to the patient.

Please note that the patient remains ultimately responsible for the total cost of treatment. In the event that the legal claim is unsuccessful or the settlement is insufficient to cover the balance, the patient will be billed directly for the remaining amount.

Please acknowledge your agreement to the terms of this Letter of Protection by signing below and returning a copy to our office.

Sincerely,

[Provider Signature]

[Provider Name/Title]

[Physical Therapy Practice Name]

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**Attorney Acknowledgment:**

I hereby agree to honor this Letter of Protection and to protect the outstanding medical bills of [Physical Therapy Practice Name] from any settlement or judgment received on behalf of [Patient Name].

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[Attorney Signature]

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[Date]