[Your Law Firm Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Orthopedic Surgeon Name/Practice Name]
[Clinic Address]
[City, State, Zip Code]

RE: Letter of Protection
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
Our File Number: [Internal Case Number]

Dear [Doctor Name or Billing Department],

Please be advised that this office represents the above-named client regarding personal injury claims arising from the incident referenced above.

We understand that you are an out-of-network provider or are providing medical services to our client that may not be covered by traditional insurance. In consideration of your agreement to provide medical evaluation, surgical intervention, and/or treatment to our client on credit, this letter serves as a formal **Letter of Protection**.

This document confirms that we will withhold and pay directly to your office any outstanding balances for medical services rendered to our client from any settlement, judgment, or recovery obtained in this matter. We agree to protect your bill and will not disburse the proceeds of any recovery to our client until your reasonable medical charges are addressed.

Please note that this letter does not guarantee the amount of recovery, nor does it make this firm personally liable for the medical bills; however, it creates a lien against any proceeds recovered. We request that you provide us with copies of all medical reports and itemized billing statements as treatment progresses.

By treating the patient under this Letter of Protection, you agree to wait for payment until the conclusion of the legal claim. Please sign below and return a copy to our office to acknowledge your acceptance of these terms.

Sincerely,

[Attorney Signature]
[Attorney Name]

Acknowledgment and Acceptance:

I hereby agree to the terms of this Letter of Protection and will provide medical services to [Patient Name] accordingly.

____
[Doctor/Authorized Representative Signature]

____
[Date]