

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

RE: Letter of Protection (Modified - Out-of-Network)

Patient Name: [Patient Name]

Date of Incident: [Date of Incident]

Claim Number: [Claim Number (if applicable)]

Dear [Provider Name or Billing Manager],

This office represents [Patient Name] regarding injuries sustained in the above-referenced incident. We understand that you are an out-of-network provider for our client's primary health insurance.

Please accept this Modified Letter of Protection as a formal agreement regarding payment for professional services rendered to our client. By providing treatment, you agree to the following terms:

- **Lien on Recovery:** Our client hereby grants you a lien against any settlement, judgment, or verdict obtained as a result of the incident mentioned above.
- **Payment Guarantee:** This office agrees to withhold and pay directly to your facility the necessary funds to satisfy our client's medical bill from any recovery received, prior to any distribution to the client.
- **Out-of-Network Rate Agreement:** It is understood that because you are out-of-network, you agree to accept [Optional: a specific percentage or "Reasonable and Customary" rates] as payment in full for services rendered, rather than your standard billed charges, upon final settlement.
- **No Personal Collection:** While this legal matter is pending, you agree to cease all personal collection efforts against the client and will not report any delinquency to credit bureaus.
- **Final Billing:** Please provide our office with a final itemized statement and all corresponding medical records upon the conclusion of the client's treatment.

This agreement does not guarantee a recovery and does not relieve the client of the ultimate responsibility for the medical debt should there be no recovery. However, it ensures priority payment from any funds secured by this office.

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

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]

ACKNOWLEDGED AND AGREED:

[Provider/Authorized Representative Signature]

[Date]