

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Provider Name]

[Facility Name]

[Address]

[City, State, Zip Code]

**RE: Status Update Request - Letter of Protection (LOP)**

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date of Incident]

Our File Number: [Claim/File Number]

To Whom It May Concern,

We are writing to provide a status update regarding the personal injury claim for the above-referenced patient. As you are aware, your facility is providing medical services under a Letter of Protection (LOP) issued by this office.

The case is currently in the following stage:

- Pre-litigation / Negotiations
- Litigation / Discovery
- Mediation / Settlement Discussions Pending
- Trial Scheduled for [Date]

At this time, we request that you provide us with an updated itemized statement and all recent medical records for the patient to ensure our files are current for upcoming negotiations. Please confirm the current outstanding balance for the services rendered to date.

Please be advised that your LOP remains in full force and effect. We will notify you immediately upon the resolution of this claim to arrange for the protection of your final bill from the settlement proceeds.

Should you have any questions, please contact our office at [Phone Number].

Sincerely,

[Your Signature]  
[Printed Name]  
[Title]