head>

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

[Date]

[Medical Provider Name]
[Billing Department Address]
[City, State, Zip Code]

RE: Notice of Settlement and Payment Distribution

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date]
Our File Number: [File Number]

Dear Billing Manager,

This letter serves to formally notify you that the personal injury claim for the above-referenced patient has been settled. Our records indicate that your office holds a Letter of Protection (LOP) regarding the medical services provided to our client.

The settlement funds have been received and are currently being processed. According to our accounting of the medical liens and protected balances, the status of your outstanding invoice is as follows:

Total Outstanding Balance: $[Amount]
Agreed Settlement Payment: $[Amount]

Enclosed please find check number [Check Number] in the amount of $[Amount] as [Full/Partial] payment for services rendered. By accepting and depositing this check, you agree that the patient's account is considered [Paid in Full / Satisfied per Agreement].

Please update your records to show that the Letter of Protection is now released. Should you have any questions regarding this distribution, please contact our office at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]
[Title]