[Date]

[Medical Provider Name]
[Clinic/Facility Name]
[Address]
[City, State, Zip Code]

RE: STATUS UPDATE - LETTER OF PROTECTION

Patient Name: [Patient Name]
Date of Loss/Injury: [Date of Incident]
Our File Number: [Claim/File Number]

Dear Billing Department,

Our office represents the above-named client regarding injuries sustained in the incident referenced above. We are writing to provide a status update concerning the outstanding medical bills currently held under a Letter of Protection (LOP).

Please be advised that the legal claim for [Patient Name] is currently in the following stage:

- [ ] Pending Settlement Negotiations
- [ ] In Litigation / Discovery Phase
- [ ] Awaiting Trial Date
- [ ] Mediation Scheduled for [Date]

At this time, the case remains active. We continue to protect your financial interest in this matter and will notify your office immediately upon the resolution of the claim or the receipt of settlement funds.

Please provide us with an updated, itemized statement of the current balance owed to ensure our records are accurate for the final demand package.

Thank you for your continued patience and for the medical care provided to our client.

Sincerely,

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