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

[Date]

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

RE: Request for Reduction of Medical Lien / Letter of Protection
Patient Name: [Patient Full Name]
Date of Service: [Date]
Account Number: [Account Number]
Total Billed Amount: $[Amount]

Dear Billing Manager,

This office represents [Patient Name] regarding a personal injury claim for injuries sustained on [Date of Incident]. We are writing to formally request a reduction of the medical lien/balance held under the Letter of Protection (LOP) for the above-referenced services.

We have reached a final settlement in this matter. Unfortunately, the total recovery was limited due to [mention reason: e.g., policy limits, comparative negligence, or high litigation costs]. After deducting attorney's fees and costs, the remaining funds are insufficient to pay all outstanding medical providers in full.

In an effort to resolve this matter fairly and ensure the patient receives some recovery, we are requesting that you accept $[Proposed Reduced Amount] as full and final satisfaction of this account. This amount represents [Percentage]% of the original balance.

Please review this request and notify us in writing if this reduction is acceptable. Upon receipt of your written acceptance, we will issue payment immediately from the settlement proceeds.

Thank you for your cooperation and for providing care to our client.

Sincerely,

[Your Signature]
[Your Printed Name]