[Date]

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

RE: Final Settlement and Payment of Letter of Protection (LOP)

Patient Name: [Patient Full Name]
Date of Incident: [Date of Accident/Injury]
Our File Number: [Case Number]
Total Billed Amount: $[Total Original Bill]

Dear Billing Department,

This letter serves as formal notification that the personal injury claim for the above-referenced patient has been settled. Pursuant to the Letter of Protection previously issued by this office, we are now ready to resolve the outstanding balance for services rendered.

Per our recent agreement, we have enclosed a check in the amount of **$[Agreed Settlement Amount]**. This payment is being tendered as **full and final satisfaction** of any and all claims, liens, or bills your facility holds against the patient and this law firm regarding the aforementioned date of incident.

By accepting and depositing the enclosed check, you agree that the account for [Patient Name] is paid in full and that no further collection efforts will be pursued against the patient or this firm.

Payment Details:
Check Number: [Check Number]
Amount: $[Amount]

Please update your records to reflect a zero balance. We appreciate your cooperation throughout this case and your patience during the settlement process.

Sincerely,

[Attorney Name]
[Law Firm Name]