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

[Date]

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

RE: SETTLEMENT OFFER AND PAYMENT COMPROMISE

Patient Name: [Patient Full Name]
Date of Service: [Date]
Account/Invoice Number: [Account Number]
Total Outstanding Balance: $[Amount]

Dear Billing Department,

Our office represents [Patient Name] regarding a personal injury matter. This case has reached a final settlement. However, the total recovery funds are insufficient to satisfy all outstanding medical liens and legal obligations in full.

To resolve this matter and provide final payment, we are offering a compromise to satisfy the Letter of Protection (LOP) held by your office. We propose a one-time, final payment in the amount of **$[Offer Amount]** as full and final satisfaction of the total balance of $[Total Amount].

By accepting and depositing the enclosed/forthcoming check, you agree to the following terms:

- The payment represents a full and final accord and satisfaction of all claims related to this account.
- The patient's balance will be reduced to $0.00.
- Any negative credit reporting related to this debt will be removed or updated to "Paid in Full."
- The Letter of Protection is hereby released and terminated.

If this proposal is acceptable, please sign below and return a copy to our office via email or fax. Upon receipt of the signed agreement, we will issue the payment immediately.

Sincerely,

[Your Signature]

[Your Printed Name/Title]

AGREED AND ACCEPTED:

By: _____ Date: _____

Name: [Name of Authorized Representative]

Title: [Title of Authorized Representative]