[Date]

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

RE: Notice of Satisfaction of Letter of Protection

Patient Name: [Patient Name]
Date of Loss/Injury: [Date]
Account/Invoice Number: [Reference Number]

Dear [Medical Provider Name or Billing Department],

This letter serves as formal notification that the personal injury claim for the above-referenced client/patient has been settled.

Enclosed please find a check in the amount of $[Amount] as payment for the medical services provided to [Patient Name].

This payment constitutes full and final satisfaction of the Letter of Protection (LOP) previously issued by this office. By accepting and negotiating this payment, you acknowledge that all outstanding balances related to this matter have been resolved, and any liens or claims against the settlement proceeds are hereby released.

Please update your records to reflect that this account is now paid in full.

Thank you for your cooperation throughout this process.

Sincerely,

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

Enclosure: [Check Number]