[Date]

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

Re: Letter of Protection Settlement Payment

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

To Whom It May Concern,

Enclosed please find a check in the amount of $[Amount] representing payment for the medical services provided to our client, [Patient Name], in connection with the above-referenced matter.

This payment is being issued in accordance with the Letter of Protection (LOP) previously executed. Please apply these funds to the balance of the patient's account. This payment is intended as [full payment / a pro-rata distribution] of the outstanding lien.

By accepting and negotiating this check, you acknowledge that the medical lien regarding this specific matter is satisfied and released.

Please update your records accordingly. Should you have any questions, please contact our office at [Phone Number].

Sincerely,

[Your Name/Law Firm Name]
[Title]

Enclosure: Check #[Check Number]