Date: [Insert Date]

To: [Medical Provider Name/Facility Name]
Address: [Provider Address]
City, State, Zip: [Provider City, State, Zip]

RE: Notice of Disputed Balance and Escrow Hold

Patient Name: [Patient Name]
Date of Service: [Date of Service]
Account Number: [Account Number]
Claim Number: [Insurance Claim Number]

To Whom It May Concern,

Please be advised that our office has received the settlement funds related to the above-referenced personal injury matter. This letter serves as formal notice that the final balance requested by your office under the Letter of Protection (LOP) is currently being disputed.

We are disputing the balance based on the following grounds:

- [Reason 1: e.g., Charges exceed usual, customary, and reasonable rates]
- [Reason 2: e.g., Duplicate billing or coding errors]
- [Reason 3: e.g., Insufficient recovery to satisfy all liens in full]

In accordance with ethical obligations and applicable state bar guidelines, we have placed the disputed amount of **$[Insert Dollar Amount]** into our firm's protected Client Trust Account (Escrow). These funds will remain in escrow and will not be disbursed to the client or any other party until this dispute is resolved.

We are interested in reaching a fair and equitable reduction to resolve this matter promptly. Our firm is prepared to offer **$[Insert Settlement Offer Amount]** as full and final satisfaction of this account.

Please review this matter and contact our office within [Insert Number] days to discuss a resolution. If we do not hear from you, we will continue to hold the funds in escrow pending further legal determination.

Sincerely,

[Your Name/Attorney Name]
[Law Firm Name]
[Phone Number]
[Email Address]