

LETTER OF PROTECTION AGREEMENT

Case Name: _____ Client Name: _____

Attorney Information:

Firm Name: _____

Attorney Name: _____

Address: _____

Phone/Email: _____

Client Information:

Full Name: _____

Address: _____

Phone/Email: _____

Medical Provider Information:

Provider Name / Facility: _____

Address: _____

Phone/Email: _____

Letter of Protection Terms:

This Letter of Protection (the "Letter") is issued by the undersigned attorney (the "Attorney") on behalf of the Client named above, authorizing the Medical Provider named above (the "Provider") to furnish medical treatment and/or services related to the Client's injuries or conditions arising from the incident described herein (the "Claim"). The Attorney agrees to protect and hold harmless the Provider in the amount of all reasonable and customary charges for the treatment and/or services rendered under this Letter, and further agrees that payment for such services will be made from the proceeds of any settlement, judgment, or verdict recovered by the Client in connection with the Claim. The Client authorizes the Provider to release medical information to the Attorney and the Attorney's representatives as necessary to pursue the Claim and payment under this Letter. The Attorney agrees that the Provider's charges will be paid promptly upon the receipt of settlement or judgment funds or from other sources related to the Claim, and that the Provider shall have a lien against any recovery obtained by the Client for the amount due for services rendered. This Letter constitutes a binding and enforceable agreement between the Attorney, Client, and Provider under applicable United States law.

Additional Provisions:

1. The Provider agrees to provide all reasonable and necessary medical treatment related to the Claim in good faith and without requiring immediate payment from the Client. 2. The Attorney agrees to notify the Provider in writing promptly of any settlement negotiations, offers, or payments received related to the Claim. 3. This Letter does not create any obligation by the Provider to continue treatment beyond what is reasonable and necessary as determined by the Provider. 4. If the Claim is not successful or no recovery is obtained, the Client remains responsible for payment of all charges for services rendered. 5. This Letter shall be binding upon and inure to the benefit of the parties and their respective heirs, successors, and assigns. 6. Any disputes arising under this Letter shall be governed by the laws of the State of _____, without regard to conflict of law principles.

Acknowledgment & Signatures:

By signing below, the parties acknowledge and agree to the terms herein.

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