

LETTER OF PROTECTION

To

From Attorney

Subject Letter of Protection for

Dear _____,

I am, Attorney _____, writing to you on behalf of my client, _____, who was involved in an accident on _____. As a result of this incident, my client injured and requires ongoing medical treatment and care in hospital.

Due to the circumstances surrounding this incident, my client is currently unable to afford the necessary medical expenses associated with their treatment. In order to ensure that my client receives the medical care they need without any financial burden, I am issuing this Letter of Protection (LOP) to you.

This letter serves as a formal guarantee of payment for all medical services and treatment provided to my client by Healthcare Provider related to injuries sustained in the aforementioned incident. I undertake that all necessary legal applications will be made by me without delay and my Client will be compensated for this situation. I want to assure you that my client's personal injury claim is being diligently pursued, and we are confident in the successful resolution of the matter.

I request that you provide my office with regular updates on my Client's treatment and progress, including all medical records, bills, and reports. Additionally, please inform us immediately if there are any changes to the treatment plan or if further medical attention is recommended.

Please sign and date a copy of this letter to acknowledge your acceptance of the terms outlined herein. If you have any questions or need further information, please do not hesitate to contact me via the contact information below.

Thank you for your attention to this matter.

Sincerely,

Attorney

Name

Date

Signature

Healthcare Provider

As of the date of _____, this Letter of Protection has been served and as of date of _____, has been approved by Healthcare Provider.

Name

Date

Signature



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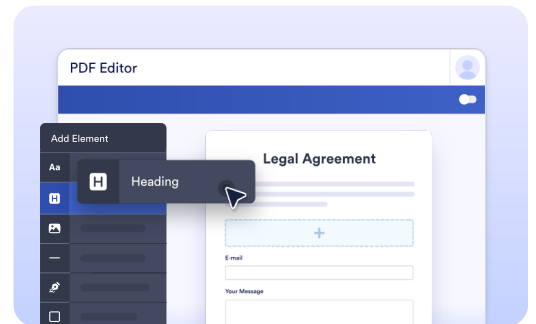
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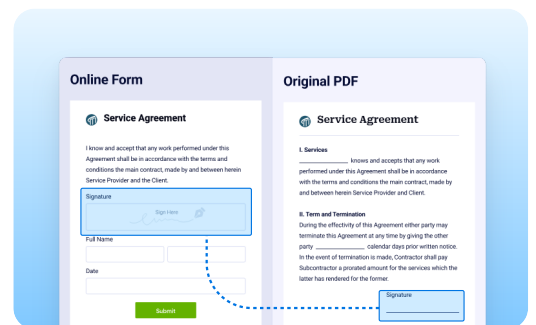
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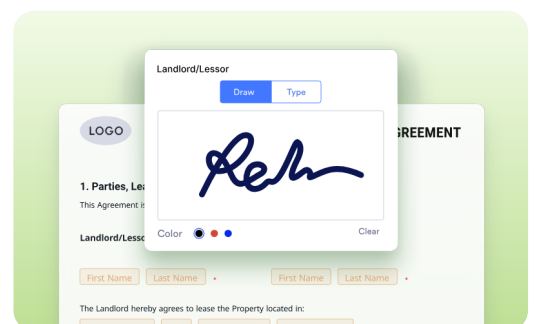
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