

Information or instructions: Letter of Protection Letter to a health care provider regarding the client's agreement to pay for medical treatment

PREVIEW

1. The following letter may be sent to the client's health care providers in order to formally verify that the client will pay the health care providers bills.
2. Many health care providers request that the attorney send them a Letter of Protection which obligates the attorney to pay for the client's medical bills out of the settlement proceeds, if any are obtained.

Form: Letter of Protection. Letter to a health care provider regarding the client's agreement to pay for medical treatment

PLEASE DO NOT COPY

[Date]

[Health Care Provider's Name]
[Address]

Regarding: Letter Of Protection: Payment of Medical Expenses for an Accident Dated _____, Between [names]:

Dear [Salutation]:

This letter confirms that [Client's name] has instructed the undersigned law firm to pay from [his or her] settlement proceeds the cost for [his or her] medical procedure treatment [i.e. MRI, x-ray, etc.] which is scheduled for [Date]

THIS DOCUMENT

The payment shall be made from [client's name] settlement proceeds. It is my understanding that the cost of your services is no more than \$[Amount], and is payable to [health care provider's name] on or before [Date].

If you have any questions, please contact me.

Very truly yours,

[Attorney's Name]
THANK YOU

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