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**Letter of Protection from Attorney/Third Party**

Date

Doctor’s Office

Anywhere Address

City, State Zip

RE: Patient:

Date of Accident:

Dear Dr. :

Please be advised that this law firm has been retained to represent the above-referenced client. Our representation is in conjunction with a claim for injuries sustained in an accident or other type of personal injury case. My client has informed me that various bills have been received from your office in connection with your chiropractic services.

Our client has authorized this firm to withhold sufficient funds from any settlement or jury verdict to satisfy any outstanding balance for fees owed to your office. Please keep our office periodically advised as to the current balance of any amount owed by your patient. This letter will serve as our commitment to protect your current (and future) charges in connection with our ongoing representation of this patient.

Thank you for your assistance and cooperation in this matter.

Sincerely

**\*A letter of this nature should be requested from an attorney who refuses to sign the Assignment of Benefit form (“doctor’s lien). Particular attention should be given to any qualifying type language which the attorney may attempt to place in the letter. A doctor is encouraged to consult with appropriate legal counsel if there is any doubt or confusion relating to the nature of any such qualifying language.**

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