

Letter of Protection

To: _____ [Attorney's Name]
_____ [Attorney's Address]
_____ [City, State, ZIP Code]

Re: Patient: _____ Date of Birth: _____ DOI: _____
Case/Claim Number: _____

Dear _____,

This letter serves as a Letter of Protection for the above-referenced patient who has received medical services from Active Life Physical Therapy and Injury Care. The patient has informed us that they are currently pursuing litigation or a settlement related to an injury for which they have received treatment at our facility.

By signing this Letter of Protection, the patient and their attorney agree to the following terms:

- 1. Acknowledgment of Debt:** The patient acknowledges that they owe Active Life Physical Therapy and Injury Care the full amount of any outstanding charges for services rendered in connection with the injury related to their case.
- 2. Protection of Payment:** The attorney agrees to protect Active Life Physical Therapy and Injury Care's right to payment from any settlement, judgment, or recovery obtained in connection with the patient's case. The attorney will ensure that any amount due and owing to Active Life Physical Therapy and Injury Care will be paid in full before any proceeds are distributed to the patient.
- 3. Notification of Settlement or Judgment:** The attorney will notify Active Life Physical Therapy and Injury Care immediately upon reaching a settlement or obtaining a judgment in the patient's case. The attorney will provide the necessary information regarding the settlement or judgment to facilitate payment.
- 4. Payment Disbursement:** The attorney agrees to disburse payment to Active Life Physical Therapy and Injury Care directly from the settlement or judgment proceeds. The payment will be made promptly and in full for the total amount due for medical services rendered.
- 5. Validity of Agreement:** This Letter of Protection is binding upon the patient and the attorney and remains in effect until Active Life Physical Therapy and Injury Care has received full payment for all outstanding charges.

Please sign below to indicate your acceptance and agreement to the terms outlined in this Letter of Protection. Return the signed document to our office at your earliest convenience. **Your care cannot start without the completion of this form.**

Sincerely,

Maria K Todd PhD MHA
Administrator and Paralegal
Active Life Physical Therapy and Injury Care, LLC
1490 E Foremaster Drive # 260
St George, UT 84790-4502
PH: (435) 523-3799 FAX:(435)-523-3376

Patient Acknowledgment and Agreement

I, _____, have read and understand the terms of this Letter of Protection. I agree to the terms and authorize my attorney to protect Active Life Physical Therapy and Injury Care's right to payment from any settlement or judgment proceeds.

Signature: _____ Date: _____

Witness: _____ Date: _____

Attorney Acknowledgment and Agreement

I, _____, a duly authorized Officer of the Court, have read and understand the terms of this Letter of Protection. I agree to the terms and will ensure that any outstanding charges owed to Active Life Physical Therapy and Injury Care will be paid in full from the proceeds of any settlement or judgment before any funds are released to the patient.

Attorney Signature: _____ Date: _____

THIS FORM MUST BE RETURNED TO OUR OFFICE PRIOR TO COMMENCEMENT OF TREATMENT.