



## Letter of Protection

Date: \_\_\_\_\_

### Attorney Information:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

We have been notified by our patient, that is listed above, that you are currently representing them and their healthcare treatment in an open case due to an injury. This case has been determined that no further treatment will be allowed at this time by the insured's carrier. We are unable to bill the patient's health insurance due to:

- your office instruction
- the patient does not carry any health insurance
- or we are not currently accepting and/or are contracted with that insurance carrier

In order for our office to continue treatment, this letter will need to be signed, dated, and faxed back before the patient's next appointment. This letter is to ensure that your office acknowledges all services rendered for this patient, related to the injury, and that you will protect our interest in the event of a settlement when the case comes to a close, and that we will be included in that settlement.

Please sign/date below and fax or email back to Andrea Hartman.

ahartman@ppsichicago.com

Phone: (847) 519-4701 ext. 120

Fax: (847) 519-4707

Patient Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_

Date: \_\_\_\_\_