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DATE

MEDICAL PROVIDER NAME

Date of Loss:
Your Patient:
Our Client:

To Whom It May Concern:

The purpose of this letter is to verify that we, **Malnar Injury Law**, represent an individual mutually known to our facilities as a direct result of a personal injury action that commenced in Colorado. PATIENT NAME came to us after becoming the victim in a car accident, seeking representation in this case against the other driver's insurance. Our client, as the victim, was ill prepared with the financial resources necessary to expend on unanticipated medical bills that have been the direct result of a third parties' negligent acts. We are confident in our ability to resolve this matter in our client's favor and obtain sufficient funds to satisfy any and all outstanding bills against our client.

We assure you that any outstanding debts the client has with you related to the motor vehicle accident of DATE, will be resolved out of the settlement before any funds are disbursed to the client. Therefore, this letter serves as a Letter of Protection and we request you accept it as such. We respectfully request you provide treatment to our client on a lien against the settlement and refrain from any collection efforts for medical bills incurred until the resolution of the case. If for some reason you decline to accept this Letter of Protection, please notify us in writing within 5 business days. Thank you and we look forward to working with you in the future.

If you have any questions or would like to discuss, please call 719-888-9529.

Sincerely,

/s/ Ryan D. Malnar, Esq.

Ryan D. Malnar, Esq.

Malnar Law, P.C.