**February 19, 2025**

**SENT VIA USPS Mail**

The Buckeye Law Group Inc  
127 Public Square Suite 1540

Cleveland, OH 44114

**RE:** **NOTICE OF BALANCE/LETTER OF PROTECTION**

**Patient/Plaintiff:** {Insert Patient/Plaintiff}

**Date of Loss:** {Insert Date of Loss}

**Balance Due: $**{Insert Balance Due}

***Please be advised the balance is subject to change and may not be the reflection of the final balance due at the time of settlement. Please be sure to verify the balance before full and final payment is remitted.***

Dear Counselor:

This letter shall serve as notice that {Insert Medical Facility} holds a balance with your client, ***{Insert Patient/Plaintiff}***.

Upon settlement and distribution of proceeds, please remit your client’s balance due to the following mailing address.

***PO Box 64***

***Richfield, OH 44286***

Upon request, a copy of your client’s bills and records may be furnished. Should you have any questions, please do not hesitate to contact us by calling (877)705-3777. Thank you for your attention to this notice.

Sincerely,

Vanessa G.

AR Specialist