**February 10, 2025**

**SENT VIA USPS Mail**

{Insert Law Firm}

{Insert Law Firm Street}

{Insert Law Firm City, State, Zip}

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

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

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

**Date of Service(s):** {Insert Date of Service(s)}

**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 AD Pharmacy 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.

***9838 Old Baymeadows Rd, PMB 381***

***Jacksonville, FL  32256***

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