

VITAL WOUND CARE:

LETTER OF PROTECTION (LOP) SERVICES PACKET

2025 OVERVIEW OF PERSONAL INJURY
MOBILE WOUND CARE SERVICES.



833-968-6314

WWW.VITALWOUND.CARE



ABOUT VITAL WOUND CARE

VITAL WOUND CARE IS A CERTIFIED MOBILE WOUND CARE PROVIDER DEDICATED TO SERVING PERSONAL INJURY PATIENTS. OUR TEAM COLLABORATES WITH ATTORNEYS UNDER LETTER OF PROTECTION (LOP) AGREEMENTS TO ENSURE PATIENTS RECEIVE THE NECESSARY CARE WITHOUT FINANCIAL STRAIN WHILE THEIR CASES ARE BEING RESOLVED.

WE SPECIALIZE IN DELIVERING HIGH-QUALITY WOUND MANAGEMENT SERVICES RIGHT AT THE PATIENT'S LOCATION, PROVIDING THEM WITH CONVENIENCE AND COMFORT. OUR COMMITMENT TO EXCELLENCE ENSURES THAT EVERY PATIENT RECEIVES PERSONALIZED CARE TAILORED TO THEIR UNIQUE NEEDS, FOSTERING BETTER HEALING OUTCOMES IN A SUPPORTIVE ENVIRONMENT.

OUR TEAM



NURSE PRACTITIONER
JENNIFER PLUMLEE



LVN
JOHNATHON GIPSON



LVN
JUAQUIN OSORIOON



CARE COORDINATOR
LILY OSLON

LEGAL DOCUMENTATION SUMMARY

LOP AGREEMENT FORMS

AGREEMENT DETAILS

VITAL WOUND CARE'S LOP AGREEMENT OUTLINES THE TERMS UNDER WHICH OUR SERVICES ARE PROVIDED TO PERSONAL INJURY PATIENTS. THIS AGREEMENT FACILITATES TIMELY ACCESS TO QUALITY WOUND CARE WHILE ENSURING THAT LEGAL OBLIGATIONS ARE MET BETWEEN PATIENTS AND THEIR ATTORNEYS.



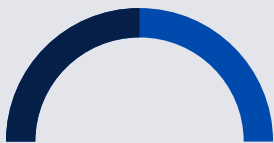
FORMS OVERVIEW

THE ATTORNEY ACKNOWLEDGMENT FORM AND THE LIEN ACKNOWLEDGMENT STATEMENT ARE ESSENTIAL COMPONENTS OF THE LOP DOCUMENTATION PROCESS. THESE FORMS ENSURE THAT ALL PARTIES ARE AWARE OF AND AGREE TO THE FINANCIAL RESPONSIBILITIES ASSOCIATED WITH THE CARE PROVIDED UNDER THE LOP AGREEMENTS.



LEGAL DOCUMENTATION

SUMMARY OF LOP AGREEMENT AND ACKNOWLEDGMENT FORMS



ENHANCE PATIENT CARE

**PROVIDING ACCESS TO
NECESSARY WOUND
TREATMENT SERVICES.**



STREAMLINE LEGAL PROCESSES

**FACILITATING SMOOTH
INTERACTIONS
BETWEEN HEALTHCARE
AND LEGAL SYSTEMS.**



ENSURE FINANCIAL PROTECTION

**SECURING PAYMENTS
ONLY AFTER CASE
RESOLUTION AND LIEN
SATISFACTION.**

AT VITAL WOUND CARE, WE PRIDE OURSELVES ON BEING A CERTIFIED MOBILE WOUND CARE PROVIDER DEDICATED TO PERSONAL INJURY PATIENTS. OUR TEAM COLLABORATES WITH ATTORNEYS UNDER LETTER OF PROTECTION (LOP) AGREEMENTS, ENSURING PATIENTS RECEIVE THE BEST CARE WHILE PROTECTING THEIR LEGAL AND FINANCIAL INTERESTS THROUGHOUT THEIR RECOVERY JOURNEY.

THE LOP AGREEMENT IS A CRITICAL PART OF OUR SERVICE. IT OUTLINES THE TERMS UNDER WHICH WE PROVIDE CARE TO PATIENTS WHILE ALLOWING ATTORNEYS TO SECURE REIMBURSEMENT FOR SERVICES RENDERED. THIS ENSURES THAT PATIENTS CAN FOCUS ON HEALING WITHOUT THE BURDEN OF IMMEDIATE MEDICAL COSTS AND ALLOWS FOR MORE STREAMLINED LEGAL PROCEEDINGS.

COST OUTLINE

SERVICE DESCRIPTIONS PRICING

SERVICE DESCRIPTION	PRICE RANGE PER VISIT	NOTES
IN-HOME WOUND EVALUATION	\$575 – \$850	INCLUDES DOCUMENTATION, PHOTO TRACKING, AND TREATMENT PLANNING
DRESSING CHANGE / DEBRIDEMENT	\$200 – \$400	BASED ON COMPLEXITY AND DURATION
BIOLOGIC APPLICATION / SKIN GRAFTS	\$400 – \$1,200 PER SQ IN.	WHEN CLINICALLY NECESSARY
SUPPLIES FEE	\$175 FLAT	INCLUDES BANDAGES, DRESSINGS, AND DISPOSABLES
TOTAL RANGE (PER CASE)*	\$1250 - \$20,000	BASED ON FREQUENCY AND TREATMENT TYPE

VITAL WOUND CARE PROVIDES COMPREHENSIVE WOUND MANAGEMENT SERVICES FOR PERSONAL INJURY PATIENTS. OUR CERTIFIED TEAM WORKS EFFECTIVELY WITH ATTORNEYS UNDER LETTER OF PROTECTION AGREEMENTS, ENSURING THAT PATIENTS RECEIVE THE CARE THEY NEED WITHOUT UPFRONT COSTS.

WE OFFER FLEXIBLE INVOICING TERMS, ALLOWING FOR MONTHLY BILLING OR PAYMENT UPON SERVICE COMPLETION. A FINAL INVOICE IS ISSUED UPON CASE RESOLUTION, AND LIEN SATISFACTION IS REQUIRED BEFORE DISBURSEMENT TO MAINTAIN COMPLIANCE WITH LEGAL STANDARDS.

HOW TO REFER A PATIENT

I. ONLINE REFERRAL FORM (PREFERRED METHOD)

SCAN THE QR CODE OR VISIT THE WEBSITE BELOW TO SECURELY SUBMIT A REFERRAL FORM IN UNDER 2 MINUTES.

ONLINE FORM: WWW.VITALWOUND.CARE/REFERRAL

2. FAX REFERRAL

YOU CAN FAX THE COMPLETED REFERRAL FORM AND ANY SUPPORTING DOCUMENTS TO OUR HIPAA-COMPLIANT LINE:

FAX NUMBER: 833-968-6314

REQUIRED INFO:

- FACE SHEET
- INSURANCE CARD COPY
- WOUND DOCUMENTATION
- SIGNED REFERRAL FORM

DOWNLOAD REFERRAL FORM (PDF)

3. EMAIL OR SECURE MESSAGE

FOR PROVIDERS USING SECURE MESSAGING PLATFORMS (LIKE CAREPORT, POINTCLICKCARE, OR DIRECTTRUST):

SECURE EMAIL: INFO@VITALWOUND.CARE

SUBJECT: NEW PATIENT REFERRAL – [PATIENT NAME]

4. PHONE SUPPORT

NEED HELP SUBMITTING A REFERRAL OR VERIFYING ELIGIBILITY?

CALL: 833-968-6314

HOURS: MONDAY–FRIDAY, 8 AM TO 5 PM CST





CONTACT INFORMATION FOR VITAL WOUND CARE



WWW.VITALWOUND.CARE



INFO@VITALWOUND.CARE



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