

Date: [Date]

To:

[Medical Provider Name]

[Provider Address]

[City, State, Zip Code]

Re: Revocation of Letter of Protection

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Account Number: [Account Number, if known]

Date of Incident: [Date of Incident]

To Whom It May Concern,

This letter serves as formal notice that I am revoking the Letter of Protection (LOP) previously issued to your facility regarding the treatment for injuries sustained on [Date of Incident].

Effective immediately, you are no longer authorized to hold a lien against my legal settlement or any future recovery in my personal injury case. Please cease all billing under the terms of the LOP.

Please submit any outstanding balances to my health insurance provider listed below for processing and payment:

Insurance Company: [Insurance Name]

Policy Number: [Policy Number]

Group Number: [Group Number]

Please confirm receipt of this revocation in writing and provide an itemized statement of all charges incurred to date.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Address]

cc: [Name of Attorney/Law Firm]