

**Date:** [Date]

**To:** [Medical Provider Name/Facility Name]

**Address:** [Provider Address]

**City, State, Zip:** [City, State, Zip]

**RE: Notice of Revocation of Letter of Protection (LOP)**

**Patient Name:** [Patient Name]

**Date of Birth:** [Date of Birth]

**Date of Incident:** [Date of Incident]

**Account/Reference Number:** [Account Number]

To Whom It May Concern,

Please be advised that the Letter of Protection (LOP) previously issued by [Law Firm Name or Patient Name] regarding the above-referenced patient and date of incident is hereby **REVOKED** and rescinded, effective immediately.

The legal representation regarding this matter has [concluded / been terminated]. Consequently, [Law Firm Name] no longer guarantees payment of any outstanding medical bills, liens, or costs from any future settlement or judgment proceeds.

Please update your records to reflect that we no longer hold a lien on this file. We recommend that you bill the patient's health insurance carrier or seek payment directly from the patient for any remaining balances.

If you have any questions regarding this revocation, please contact our office at [Phone Number].

Sincerely,

[Your Name/Signature]

[Title/Law Firm Name]

[Contact Information]

**CC:** [Patient Name]