

Current Date: [Date]

To: [Name of Chiropractic Clinic/Provider]

Address: [Clinic Street Address]

City, State, Zip: [City, State, Zip Code]

RE: Revocation of Letter of Protection

Patient Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Date of Incident: [Date of Accident/Injury]

Dear Billing Department and Dr. [Chiropractor's Last Name],

Please be advised that I am hereby formally revoking the Letter of Protection (LOP) previously issued to your office regarding the chiropractic treatment related to the incident dated [Date of Incident].

Effective immediately, you are no longer authorized to hold a lien against any future legal settlement, judgment, or recovery for the payment of my medical bills. This revocation terminates any prior agreement directing my attorney to withhold funds from my legal claim to satisfy my balance with your facility.

Please provide a final itemized statement of my account and any supporting medical records to the address listed below. I will coordinate the payment of outstanding balances through alternative means, such as health insurance or a direct payment plan.

Please acknowledge receipt of this revocation in writing and provide a copy to my legal counsel at [Attorney Name/Law Firm].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Mailing Address]

CC: [Name of Your Attorney/Law Firm]