[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Name of Diagnostic Imaging Facility]
[Attn: Billing/Legal Department]
[Address]
[City, State, Zip Code]

RE: REVOCATION OF LETTER OF PROTECTION

Patient Name: [Patient Full Name]
Date of Service: [Date of Imaging]
Account/Invoice Number: [Account Number]
Claim Number: [Insurance Claim Number, if applicable]

To Whom It May Concern,

I am writing to formally revoke the Letter of Protection (LOP) previously issued to [Name of Diagnostic Imaging Facility] regarding the medical services provided on [Date of Service].

Effective immediately, the agreement to withhold billing and await payment from a legal settlement or judgment is terminated. This revocation serves as notice that you are no longer authorized to rely on the LOP for the security of your payment in connection with my legal claim or representation by [Attorney Name, if applicable].

Please provide a final itemized statement for all outstanding balances to the address listed above. I intend to resolve this balance through:
[Insert: Health Insurance / Personal Payment Plan / Other].

Please confirm receipt of this revocation and provide the updated balance within [Number] business days.

Sincerely,

[Your Signature]

[Your Printed Name]

cc: [Attorney Name/Law Firm]