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

[Date]

[Name of Physical Therapy Facility]
[Name of Provider/Office Manager]
[Address]
[City, State, Zip Code]

RE: REVOCATION OF LETTER OF PROTECTION
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Account/Patient Number: [Account Number]
Date of Incident: [Date of Injury]

To Whom It May Concern,

Please be advised that I am hereby formally revoking and rescinding the Letter of Protection (LOP) previously issued to [Name of Physical Therapy Facility] regarding the legal claim arising from the incident on [Date of Incident].

Effective immediately, [Name of Law Firm/Attorney Name] is no longer authorized to withhold funds from any future settlement or judgment for the payment of medical bills related to my treatment at your facility. This revocation serves as formal notice that you should no longer rely on the legal claim as a primary source of guaranteed payment from my legal counsel.

Please provide a final itemized statement of all outstanding charges to the address listed above. I intend to resolve any remaining balances through [Alternative Method, e.g., Private Insurance / Personal Payment Plan / Medicare / MedPay].

Please acknowledge receipt of this revocation in writing and update your billing records accordingly. Should you have any questions, please contact me directly.

Sincerely,

[Signature]

[Your Printed Name]

cc: [Name of Attorney/Law Firm]