

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

[Date]

[Doctor or Facility Name]  
[Pain Management Practice Name]  
[Address]  
[City, State, Zip Code]

**RE: Notice of Revocation of Letter of Protection**

Patient Name: [Your Full Name]  
Date of Birth: [Your DOB]  
Date of Incident: [Date of Accident/Injury]

To Whom It May Concern,

I am writing to formally notify you that I am revoking the Letter of Protection (LOP) previously issued to your office regarding the medical services provided for injuries sustained in the incident referenced above.

Effective immediately, you are no longer authorized to hold a lien against my personal injury settlement or legal claim. I am requesting that you submit all outstanding medical bills associated with my treatment directly to my primary health insurance provider or my Personal Injury Protection (PIP) carrier for processing and payment.

The details for my insurance coverage are as follows:

- Insurance Carrier: [Name of Insurance Company]
- Policy Number: [Policy Number]
- Claim Number: [Claim Number, if applicable]

Please provide a final itemized statement of my account to both myself and my legal counsel at [Law Firm Name, if applicable] to confirm the revocation has been processed.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

cc: [Attorney Name, if applicable]