

**Date:** [Insert Date]

**To:** [Medical Provider Name]

[Address]

[City, State, Zip Code]

**Re: NOTICE OF REVOCATION OF LETTER OF PROTECTION**

**Patient Name:** [Patient Name]

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

**Claim Number:** [Claim Number, if applicable]

Dear [Contact Name or Billing Department],

This letter serves as formal notice that the Letter of Protection (LOP) previously issued on [Date of Original LOP] regarding the medical treatment of [Patient Name] is hereby revoked, effective immediately.

The terms of this revocation are as follows:

- **Termination of Lien:** Any lien or security interest previously granted against the proceeds of the legal claim or settlement is hereby terminated.
- **Cessation of Direct Payment Guarantee:** The law firm of [Law Firm Name] no longer guarantees direct payment from settlement funds for services rendered after [Effective Date of Revocation].
- **Billing Instructions:** All outstanding balances and future charges should be billed directly to the patient's primary health insurance carrier or the patient directly.
- **Final Statement:** Please provide a final, itemized statement of all charges incurred up to the date of this revocation within [Number] days.

Please acknowledge receipt of this revocation in writing. Should you have any questions regarding the transition of billing, please contact our office immediately.

Sincerely,

[Your Signature]

[Your Printed Name]

[Title/Law Firm Name]

[Phone Number]

**CC:** [Patient Name]