NOTICE OF REVOCATION OF LETTER OF PROTECTION

Date: [Date]

To: [Name of Medical Provider/Facility]
Attn: Billing/Medical Records Department
[Address]
[City, State, Zip Code]

RE: Notice of Revocation of Letter of Protection
Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Incident/Accident: [Date of Incident]
Account Number(s): [Account Number]

To Whom It May Concern:

Please be advised that the Letter of Protection (LOP) previously issued by this office on [Date of Original LOP] regarding the above-referenced patient and incident is hereby **REVOKED** and rescinded, effective immediately.

This firm no longer represents the patient in their legal claim, and we will no longer be responsible for the protection of any outstanding balances or the distribution of funds from any settlement or judgment to your facility. You are hereby instructed to seek payment for any outstanding medical bills directly from the patient or their applicable insurance provider.

Please update your records to reflect that this Letter of Protection is no longer valid or in effect.

Sincerely,

[Your Name/Attorney Name]
[Law Firm Name]
[Phone Number]
[Email Address]

CC: [Patient Name]