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

[Date]

[Recipient Name/Medical Provider]
[Facility Name]
[Address]
[City, State, Zip Code]

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

To Whom It May Concern,

Please be advised that I am formally revoking and rescinding the Letter of Protection (LOP) previously issued to your facility regarding the legal claim and medical services associated with the above-referenced patient.

Effective immediately, [Law Firm Name or Individual Name] no longer guarantees payment from any future legal settlement or judgment proceeds. This revocation serves as formal notice that the agreement to withhold funds for the payment of medical bills from the proceeds of the legal case is now void.

This revocation does not waive the patient's underlying responsibility for any valid medical debts incurred, but it does terminate the specific lien or assignment of benefits created by the Letter of Protection.

Please update your records to reflect that this Letter of Protection is no longer in effect. If you have any questions regarding this matter, please contact my office directly.

Sincerely,

[Your Signature]

[Your Printed Name]
[Title, if applicable]