[Your Name or Law Firm Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

**RE: FORMAL REVOCATION OF LETTER OF PROTECTION**
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
Claim/Reference Number: [Number]

Dear [Contact Name or Billing Department],

Please be advised that this office is hereby formally revoking and rescinding the Letter of Protection (LOP) previously issued to your facility on [Date of Original LOP] regarding the above-referenced patient and matter.

Effective immediately, this firm no longer guarantees payment of any medical bills or outstanding balances from any future settlement, judgment, or recovery. Our office is no longer representing [Patient Name] in this legal matter, and we will not be protecting your interests or distributing funds to your facility upon the resolution of this case.

You are advised to seek payment directly from the patient or through their primary health insurance provider. Please update your records to reflect that this Letter of Protection is null and void.

Should you have any questions regarding this revocation, please contact our office directly.

Sincerely,

[Signature]
[Printed Name]
[Title/Law Firm Name]

CC: [Patient Name]