[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

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

RE: NOTICE OF WITHDRAWAL OF REPRESENTATION AND REVOCATION OF LETTER OF PROTECTION

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
Claim Number: [Insurance Claim Number, if applicable]

To Whom It May Concern,

Please be advised that this firm no longer represents [Patient Name] regarding the personal injury claim arising from the incident on [Date of Incident].

Effectively immediately, this office formally **REVOKES** and **WITHDRAWS** any and all Letters of Protection (LOP) or assignments of benefits previously issued by this firm to your facility regarding the above-referenced patient. This firm will no longer be responsible for the protection, withholding, or distribution of funds to satisfy any outstanding balances for medical services rendered to the patient.

Any further communications regarding billing, collections, or payment for services should be directed to the patient directly at the following contact information:

[Patient Name]
[Patient Address]
[Patient Phone Number]

Please update your records to reflect that we are no longer counsel of record for this matter.

Sincerely,

[Attorney Signature]

[Printed Name of Attorney]
[Law Firm Name]

cc: [Patient Name]