[Date]

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

RE: REVOCATION OF LETTER OF PROTECTION

Patient Name: [Patient Name]
Date of Incident: [Date of Incident]
Our File Number: [File Number]

Dear [Provider Name or Billing Department],

Please be advised that this office no longer represents [Patient Name] regarding the personal injury claim arising from the incident referenced above. Our legal services were terminated effective [Date of Termination].

Consequently, the Letter of Protection (LOP) previously issued by this firm to your facility on [Date LOP was issued] is hereby **REVOKED** and rescinded. Since we no longer represent this individual, this office will not be responsible for the protection, collection, or distribution of any funds to satisfy your outstanding medical bills from any future settlement or judgment.

We recommend that you contact [Patient Name] directly or their new legal counsel, if known, to arrange for the payment of your services. We have notified the client that all outstanding medical balances are now their personal responsibility.

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

Sincerely,

[Your Name]
[Law Firm Name]

CC: [Patient Name]