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

[Date]

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

RE: NOTICE OF REVOCATION OF LETTER OF PROTECTION

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Incident]
Our File Number: [Case Number]

To Whom It May Concern,

Please be advised that this office represents [Patient Name] in connection with the above-referenced matter. This letter serves as formal, final notice that the Letter of Protection (LOP) previously issued by this office on [Date of Original LOP] is hereby **REVOKED** and rescinded in its entirety, effective immediately.

This revocation is issued because [Select one: the case has been resolved / we are no longer representing this client / the client has elected to use health insurance].

Consequently, this office no longer guarantees payment for any medical services, past or future, rendered to the patient. You are hereby instructed to seek payment directly from the patient or through their primary health insurance carrier. This office will not include your outstanding balances in any final distribution of settlement funds.

Please update your records to reflect that this office is no longer responsible for protecting your financial interest in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]

cc: [Patient/Client Name]