Date: [Current Date]

To: [Name of Medical Provider/Facility]
Address: [Provider Address]
City, State, Zip: [City, State, Zip]

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

To Whom It May Concern,

Please be advised that effective immediately, the Letter of Protection (LOP) previously issued by this office on [Date of Original LOP] regarding the above-referenced patient is hereby **REVOKED** and rescinded.

This firm no longer represents [Patient Name] in their personal injury claim. Consequently, this office will not be responsible for the protection, withholding, or distribution of any funds for medical services rendered to the patient from any future settlement or judgment.

We recommend that you contact the patient directly or their new legal counsel to discuss alternative payment arrangements or to establish a new lien agreement. Please update your records to reflect that this firm has no further financial obligation or lien-holding responsibility regarding this account.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Law Firm Name]
[Your Phone Number]

CC: [Patient Name]