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

[Date]

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

RE: REVOCATION OF LETTER OF PROTECTION

Client Name: [Client Full Name]
Date of Birth: [DOB]
Date of Incident: [Date]
Account/Reference Number: [Account Number]

To Whom It May Concern,

Please be advised that this office no longer represents the above-referenced individual in their legal claim regarding the incident dated [Date of Incident].

Effective immediately, [Law Firm Name] hereby formally revokes, rescinds, and cancels any and all Letters of Protection (LOP) previously issued by this firm to your facility or medical practice on behalf of [Client Name].

Consequently, this firm no longer assumes any responsibility for the protection of your medical bills, liens, or costs out of any future settlement or judgment obtained by the client. Any future payments or inquiries regarding this account should be directed to the client personally or to their new legal counsel.

Please update your records to reflect that we are no longer the legal representatives for this matter and that the Letter of Protection is void.

Sincerely,

[Attorney Signature]

[Attorney Name]
[Law Firm Name]