Date: [Date]

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

Re: NOTICE OF IMMEDIATE REVOCATION OF LETTER OF PROTECTION

Patient Name: [Patient Name]
Date of Birth: [Date of Birth]
Date of Incident: [Date of Incident]
Account/Reference Number: [Account Number]

To Whom It May Concern,

This letter serves as formal and immediate notice that the Letter of Protection (LOP) previously issued by [Name of Law Firm or Individual] on [Date LOP was Signed] regarding the medical treatment of [Patient Name] is hereby revoked, rescinded, and terminated in its entirety.

Effective immediately, the undersigned and/or the representing law firm no longer guarantee payment for any past, present, or future medical services, costs, or expenses incurred by the patient from your facility. This revocation applies to any liens or security interests previously granted against the proceeds of any legal claim or settlement.

Please cease all reliance on the previous Letter of Protection for any ongoing or future billing. We request that you provide a final itemized statement for all services rendered to date and direct any future billing inquiries to the patient or their health insurance provider as applicable.

Please acknowledge receipt of this revocation in writing.

Sincerely,

[Your Signature]
[Printed Name]
[Title/Law Firm Name]
[Phone Number]
[Email Address]