Date: [Date]

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

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

Dear Billing Department,

Please be advised that the legal claim associated with the above-referenced patient and date of incident has been dismissed. As a result, there is no longer a pending settlement or recovery from which to secure payment.

Effective immediately, the Letter of Protection (LOP) previously issued by this office on [Date of Original LOP] is hereby **REVOKED** and rescinded. This office no longer represents the patient in this matter and will not be responsible for the distribution of any funds regarding your outstanding invoices.

We recommend that you seek payment for services rendered directly from the patient or through their private health insurance carrier. Please update your records to reflect that this office is no longer a party to any payment guarantee for this account.

Sincerely,

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

cc: [Patient Name]