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

[Date]

SENT VIA: [Certified Mail / Email / Fax]

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

RE: NOTICE OF WITHDRAWAL OF COUNSEL AND RESCISSION OF LETTER OF PROTECTION

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

To Whom It May Concern:

Please be advised that [Law Firm Name] no longer represents [Patient Name] regarding the personal injury claim arising from the above-referenced date of incident. We have officially withdrawn as legal counsel for this matter.

In conjunction with our withdrawal, please take notice that any and all Letters of Protection (LOP) previously issued by this firm to [Medical Provider Name] regarding this patient are hereby **RESCINDED** and **REVOKED** effective immediately.

This firm no longer guarantees payment for any medical services rendered, past or future. We will not be responsible for withholding any funds from settlements or judgments to satisfy outstanding balances. You must now look directly to [Patient Name] or their new legal counsel, if any, for payment of your bills.

Please update your records to reflect that we are no longer the attorneys of record. Any future correspondence regarding this patient's account should be directed to the patient at the following address:

[Patient Name]
[Patient Address]
[Patient Phone Number]

Sincerely,

[Attorney Signature]

[Printed Name of Attorney]
[Law Firm Name]

CC: [Patient Name]