DATE: [Date]

TO: [Name of Medical Provider/Facility]
ATTN: Billing/Medical Records Department
ADDRESS: [Provider Address]

RE: Notice of Withdrawal of Counsel and Rescission of Letter of Protection

Patient Name: [Patient Name]
Date of Birth: [Date of Birth]
Date of Incident: [Date of Incident]
Our File Number: [Claim/File Number]

Dear Billing Manager,

Please be advised that this office no longer represents the above-named individual regarding their claims arising from the incident referenced above. Our representation has been terminated effective [Date of Termination].

As we are no longer counsel of record, this letter serves as formal notice that any **Letter of Protection (LOP)** previously issued by this firm in favor of your facility is hereby **rescinded and revoked**. This office will not be responsible for the protection, withholding, or payment of any medical bills or liens out of any future settlement or judgment obtained by the patient.

All future correspondence, billing statements, and requests for payment should be directed to the patient directly at the following address:

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

If the patient has retained new legal counsel, please direct your inquiries to their office once they provide you with a formal letter of representation.

Please update your records accordingly. Thank you for your cooperation.

Sincerely,

[Your Name/Attorney Name]
[Law Firm Name]