[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Medical Provider Name]
[Billing Department Address]
[City, State, Zip Code]

RE: REVOCATION OF LETTER OF PROTECTION

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
Account/Reference Number: [Account Number]

To Whom It May Concern:

Please be advised that [Law Firm Name] has formally withdrawn as legal counsel for the above-referenced individual regarding their personal injury claim. A copy of the formal withdrawal notice is attached for your records.

Consequently, the Letter of Protection (LOP) previously issued by this office on [Date LOP was issued] is hereby **REVOKED** and rescinded in its entirety, effective immediately. This office no longer represents the interest of [Patient Name] and will not be responsible for the protection, withholding, or distribution of funds related to your outstanding medical bills from any future settlement or judgment.

Any further communication regarding the payment of these medical expenses should be directed to [Patient Name] directly at the following address:

[Patient Name]
[Patient Last Known Address]
[City, State, Zip Code]

Please update your records to reflect that this firm has no further financial obligation or lien-holding responsibility regarding this account.

Sincerely,

[Your Signature]
[Your Printed Name]
[Law Firm Name]

cc: [Patient Name]