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

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

To: [Medical Provider Name/Facility]
Attn: Billing/Medical Records Department
Address: [Provider Address]
Patient Name: [Client Name]
Date of Birth: [Client DOB]
Date of Incident: [Date of Accident/Injury]
Account Number: [Provider Account Number, if known]

To Whom It May Concern,

Please be advised that the law firm of [Law Firm Name] no longer represents the above-named client, [Client Name], in relation to the legal claims arising from the incident dated [Date of Incident]. We have formally withdrawn as counsel of record for this matter.

NOTICE OF NULLIFICATION OF LETTER OF PROTECTION

In conjunction with our withdrawal, please take notice that any Letter of Protection (LOP) previously issued by this firm to your facility regarding the treatment of [Client Name] is hereby **REVOKED, VOIDED, and NULLIFIED** effective immediately. [Law Firm Name] no longer guarantees payment for any medical services, past or future, rendered to the patient.

Any outstanding balances or future billing for this patient should be directed to the patient directly or to their new legal counsel, if applicable. The contact information we have on file for the patient is as follows:

[Client Name]
[Client Last Known Address]
[Client Phone Number]

Please update your records accordingly to reflect that our firm is no longer involved in this matter and is not responsible for any financial obligations incurred by the patient.

Sincerely,

[Attorney Signature]
[Attorney Printed Name]
[Law Firm Name]

cc: [Client Name]