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

[Date]

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

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

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

To Whom It May Concern:

Please be advised that [Law Firm Name] no longer represents the above-named client regarding the claims arising from the incident referenced above. We have formally withdrawn as legal counsel effective [Date of Withdrawal].

As we are no longer representing this client, please take notice that any and all Letters of Protection (LOP) previously issued by this firm to your facility or medical practice regarding this client's account are hereby **rescinded, voided, and invalidated**. This firm will not be responsible for the protection, withholding, or distribution of any funds related to medical bills or liens incurred by the client.

We recommend that you contact the patient directly or any successor counsel regarding the payment of outstanding balances. Please update your records to reflect that we are no longer the attorneys of record and cease sending correspondence or invoices regarding this matter to our office.

Thank you for your immediate attention to this notice.

Sincerely,

[Attorney Signature]

[Printed Name of Attorney]
[Law Firm Name]

cc: [Client Name]