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

[Date]

[Facility Name]
[Billing/Records Department]
[Address]
[City, State, Zip Code]

RE: TERMINATION OF LETTER OF PROTECTION

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

To Whom It May Concern,

Please be advised that this firm is withdrawing from the legal representation of the above-named client, effective [Date].

Consequently, any Letter of Protection (LOP) previously issued by this office regarding the medical bills for [Client Name] is hereby revoked and terminated. This firm no longer accepts responsibility for the protection or payment of any outstanding balances, liens, or medical expenses from any settlements or judgments obtained hereafter.

We have instructed the client that they are now directly responsible for the payment of your services or for making alternative arrangements with your facility.

Please update your records to reflect that we are no longer counsel of record.

Sincerely,

[Attorney Name]
[Law Firm Name]

CC: [Client Name]