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

[Date]

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

RE: FINAL NOTICE REGARDING LETTER OF PROTECTION
Patient Name: [Patient Name]
Date of Incident: [Date]
Claim Number: [Claim Number]

To Whom It May Concern,

Please be advised that this firm has formally withdrawn as legal counsel for the above-referenced individual, effective [Date of Withdrawal].

In light of our withdrawal, please take notice of the following regarding the Letter of Protection (LOP) previously issued by this office:

- **Termination of LOP:** This firm no longer represents the patient and will not be responsible for the protection, collection, or distribution of funds related to your outstanding medical bills.
- **Future Settlement:** We will not be receiving any settlement proceeds or insurance payments on behalf of the patient. Any existing LOP issued by this firm is hereby void as it pertains to our obligation to withhold funds.
- **Direct Billing:** You should now communicate directly with the patient or their new legal representative regarding payment arrangements.

The patient's last known contact information is as follows:

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

Please update your records accordingly to ensure all future correspondence and billing statements are directed to the patient.

Sincerely,

[Your Name/Signature]
[Your Title]

cc: [Patient Name]