

DATE: [Date]

TO: [Medical Provider Name/Facility]

ADDRESS: [Provider Address]

CITY/STATE/ZIP: [City, State, Zip]

RE: Notice of Revocation of Letter of Protection

PATIENT NAME: [Patient Full Name]

DATE OF BIRTH: [Date of Birth]

DATE OF INCIDENT: [Date of Accident/Injury]

ACCOUNT NUMBER: [Account or Reference Number]

To Whom It May Concern,

Please be advised that the Letter of Protection (LOP) previously issued by this office on [Date of Original LOP] regarding the above-referenced patient and date of incident is hereby **REVOKED** and rescinded, effective immediately.

This firm no longer represents [Patient Name] in their personal injury claim. Consequently, this office will not be responsible for the protection, withholding, or distribution of any funds, settlements, or judgments to satisfy outstanding balances for medical services rendered to the patient.

Any and all future communications regarding the payment of outstanding medical bills should be directed to the patient at the following address:

Patient Name: [Patient Name]

Address: [Patient Address]

Phone: [Patient Phone Number]

Please update your records to reflect that this office no longer holds a lien on any potential recovery and that the Letter of Protection is null and void.

Sincerely,

[Signature]

[Your Name/Attorney Name]

[Law Firm Name]

[Phone Number]

[Email Address]

CC: [Patient Name]