

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**Re: Revocation of Letter of Protection (LOP)**

Patient Name: [Patient Name]  
Date of Service: [Date of Service]  
Account/Claim Number: [Account Number]

To Whom It May Concern,

I am writing to formally revoke and rescind the Letter of Protection (LOP) previously issued to your office regarding the medical services provided for the above-referenced claim.

Effective immediately, the agreement to withhold payment pending the outcome of my legal settlement is terminated. You are no longer authorized to rely on the LOP for guaranteed payment from my legal counsel or any future settlement proceeds.

Please submit all outstanding medical bills directly to my health insurance provider: [Insurance Company Name], Policy Number: [Policy Number], for processing according to my out-of-network benefits. If any balances remain after insurance adjudication, please send a final itemized statement to my home address listed above.

Please acknowledge receipt of this revocation in writing within [Number] days.

Sincerely,

[Your Signature]  
[Your Printed Name]

cc: [Attorney Name/Law Firm]