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

[Date]

[Name of Debt Collector/Collection Agency]
[Address]
[City, State, Zip Code]

Re: Account Number [Insert Account Number]

Dear [Contact Name or Debt Collector Name],

I am writing this letter in response to your notice regarding the alleged debt associated with the account number listed above. I am formally requesting a full validation of this debt and an itemized statement of all charges.

Pursuant to my rights under the Fair Debt Collection Practices Act (FDCPA) and applicable state laws, please provide the following information:

- The name and address of the original medical provider.
- An itemized statement of services rendered, including dates of service and CPT codes.
- A breakdown of the total amount due, showing principal, interest, and any added fees.
- Proof of any payments made by my insurance provider and any contractual adjustments applied.
- A copy of the original signed agreement or document where I agreed to pay this debt.
- Verification that you are licensed to collect debts in my state.

Please be advised that this is not a refusal to pay, but a request for verification. Until such time as you provide the requested documentation, I dispute the validity of this debt in its entirety.

If you fail to provide this information within 30 days, I expect you to cease all collection activities and remove any derogatory information related to this account from my credit reports.

Sincerely,

[Your Signature]

[Your Printed Name]