

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

[Date]

[Debt Collector/Law Firm Name]  
[Address]  
[City, State, Zip Code]

**RE: NOTICE OF REPRESENTATION AND CEASE AND DESIST**

**Client Name:** [Client Full Name]  
**Account Number:** [Account Number]  
**Case Number:** [Court Case Number, if applicable]  
**Creditor:** [Original Medical Provider Name]

To Whom It May Concern:

Please be advised that this firm has been retained to represent [Client Name] regarding the above-referenced medical debt and any associated legal proceedings.

Pursuant to the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692c(a)(2), you are hereby notified to cease all direct communication with my client. All future communications regarding this matter, whether by telephone, mail, or electronic means, must be directed exclusively to this office at the address provided above.

We further request a complete validation of this debt, including but not limited to:

- Itemized statements of all services rendered.
- Proof of the legal right to collect this debt.
- Verification of any insurance payments or adjustments applied to the balance.
- A copy of the original signed agreement or contract for services.

If a lawsuit has already been filed, please serve all subsequent pleadings, motions, and notices upon this firm as counsel of record.

Thank you for your immediate attention to this matter.

Sincerely,

[Attorney Signature]

[Attorney Name]  
[Bar Number]