

Date: [Date]

TO:

[Collection Agency Name]
[Collection Agency Address]
[City, State, Zip Code]

RE: Notice of Intent to File Lawsuit

Account Number: [Account Number]
Original Creditor: [Hospital/Provider Name]
Amount Disputed: [Amount]

To Whom It May Concern,

This letter serves as formal notice of my intent to file a legal action against [Collection Agency Name] in [Name of County/Court] regarding your recent collection activities for the above-referenced medical debt.

I am initiating this action based on your violations of the Fair Debt Collection Practices Act (FDCPA) and/or the Fair Credit Reporting Act (FCRA), specifically:

- [List violation, e.g., Failure to provide debt validation]
- [List violation, e.g., Reporting inaccurate information to credit bureaus]
- [List violation, e.g., Continued contact after receiving a cease and desist]
- [List violation, e.g., Lack of HIPAA compliance regarding medical privacy]

Despite my previous attempts to resolve this matter through [mention previous letters or phone calls], you have failed to rectify these violations or provide proof of the alleged debt.

I am prepared to seek statutory damages, actual damages, and legal fees. However, I am willing to settle this matter out of court if you agree to the following within [Number, e.g., 10] business days:

1. Immediately cease all collection efforts regarding this account.
2. Remove all negative remarks and tradelines related to this account from all credit reporting agencies (Equifax, Experian, and TransUnion).
3. Provide written confirmation that the account is closed and the balance is zero.

Failure to respond or comply with these terms by [Deadline Date] will result in the immediate filing of a formal complaint and summons.

Sincerely,

[Your Signature]
[Your Printed Name]

[Your Address]

[Your Phone Number]