

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

[Credit Bureau Name]
[Credit Bureau Address]
[City, State, Zip Code]

Subject: Formal Dispute of Medical Debt and Request for Credit Report Update

To Whom It May Concern,

I am writing to formally dispute the following medical debt information currently appearing on my credit report. I am requesting an immediate investigation and an update to my credit file based on the following details:

- **Account Name:** [Name of Hospital/Provider or Collection Agency]
- **Account Number:** [Account Number as it appears on credit report]
- **Date of Service:** [Date]
- **Disputed Amount:** \$[Amount]

I am disputing this item for the following reason(s):

[Insert reason: e.g., This debt has been paid in full; This debt is less than \$500 and should not be reported; This debt is less than one year old; This debt is inaccurate or does not belong to me.]

According to the Fair Credit Reporting Act (FCRA) and recent updates regarding medical debt reporting, I request that you verify the accuracy of this information with the original creditor. If you find this information to be inaccurate, outdated, or non-compliant with current reporting regulations, I request that the item be removed from my credit report immediately.

Enclosed are copies of documents supporting my position, including: [List documents, e.g., payment receipts, insurance Explanation of Benefits, or correspondence with the provider].

Please investigate this matter and notify me of the results within 30 days. Furthermore, once the investigation is complete, please provide me with an updated copy of my credit report showing that this item has been corrected or removed.

Sincerely,

[Your Signature]

[Your Printed Name]
[Social Security Number - Optional/Last 4 digits]
[Date of Birth]

Enclosures: [List of attached documents]