

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

[Date]

[Name of Credit Reporting Agency]  
[Agency Address]  
[City, State, Zip Code]

**RE: Notice of Incomplete Investigation and Request for Verification (Account #[Account Number])**

Dear Dispute Department,

I am writing to formally follow up on my previous dispute filed on [Date of Original Dispute] regarding the medical debt listed on my credit report from [Name of Medical Provider/Collection Agency].

The investigation response I received is insufficient. Under the Fair Credit Reporting Act (FCRA), you are required to conduct a reasonable investigation to determine the accuracy of disputed information. Merely stating that the debt was "verified" without providing the underlying documentation is an incomplete investigation.

I am requesting that you provide the following specific information used to verify this medical debt:

- A copy of the original signed contract or financial responsibility agreement.
- An itemized statement of services rendered.
- Evidence that this debt does not violate HIPAA privacy protections regarding the disclosure of medical information to third parties.
- Proof that the amount reported accounts for all insurance adjustments and payments.

If you cannot provide these specific documents to prove the debt is accurate and legally reportable, the FCRA requires that you immediately delete the item from my credit file.

Please provide a response within 15 days of receipt of this letter.

Sincerely,

[Your Signature]

[Your Printed Name]