

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

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

RE: Notice of Disputed Debt and Request for Verification

Account Number: [Your Account Number]
Reference Number: [Reference Number if applicable]

To Whom It May Concern,

I am writing to formally dispute the debt associated with the account number listed above. I have recently received a notice regarding this alleged medical debt, and I am exercising my rights under the Fair Debt Collection Practices Act (FDCPA) and relevant state laws to request validation of this debt.

I am enclosing an itemized statement provided by the medical service provider. Upon review of this statement, I am disputing this debt for the following reason(s):

- [Insert reason: e.g., Services were never received / Incorrect billing codes used]
- [Insert reason: e.g., Amount already paid by insurance / Double billing]
- [Insert reason: e.g., Amount does not match agreed-upon pricing]

Please provide the following information to verify the debt:

1. Complete breakdown of the principal, interest, and any other fees.
2. Proof of authorization for this debt.
3. Evidence that the statute of limitations for collecting this debt has not expired.
4. The name and address of the original creditor.

Until this dispute is investigated and verified, please cease reporting this debt to the credit reporting agencies. If you have already reported it, please mark the account as "Disputed."

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Itemized Medical Statement