

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Creditor's Name]

[Creditor's Address]

[City, State, ZIP Code]

Subject: Request for Removal of Medical Debt from Credit History

Dear [Creditor's Name],

I hope this letter finds you well. I am writing to formally request the removal of a medical debt from my credit history associated with my account number [Account Number]. This debt has had a significant negative impact on my credit score.

As you may know, medical debt can arise unexpectedly due to unforeseen circumstances. [Briefly explain your situation, e.g., job loss, medical emergency, etc.] I have made every effort to resolve this matter and have since paid the debt in full on [Date of Payment].

Considering my circumstances and the fact that the debt has been settled, I kindly ask for your assistance in removing this account from my credit report. This gesture would greatly help me in rebuilding my financial future.

Thank you for your attention to this matter. I hope to hear from you soon regarding a positive resolution. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]