

Follow-Up on Medical Debt Removal Status

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

To Whom It May Concern,

I am writing to follow up on my previous correspondence regarding the status of my medical debt removal. As of [insert date of previous correspondence], I submitted a request for the removal of medical debt associated with my account number [insert account number] due to [briefly state reason, e.g., inaccurate billing, financial hardship, etc.].

Could you please provide me with an update on the status of my request? I appreciate your assistance in resolving this matter as I am keen on ensuring that my credit report accurately reflects my financial standing.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,
[Your Name]