

# Dispute Letter Regarding Medical Debt Reporting

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Creditor's Name]

[Creditor's Address]

[City, State, Zip Code]

## **Subject: Dispute of Medical Debt Reporting**

Dear [Creditor's Name],

I am writing to formally dispute the medical debt reported under my name with account number [Account Number]. I believe that this debt is inaccurate because [explain the reason for the dispute, e.g., payment made, insurance coverage, expired debt].

As per the Fair Debt Collection Practices Act, I request that you provide verification of this debt. Additionally, I would kindly ask that you cease reporting this debt to the credit bureaus until there is resolution on this matter.

Please find attached any documentation supporting my position, including [list any attached documents, e.g., payment receipts, communications with the provider].

I look forward to your prompt response to resolve this issue. Thank you for your attention.

Sincerely,

[Your Name]