

# **Inquiry for Correction of Medical Debt on Credit Report**

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Credit Reporting Agency Name]

[Agency Address]

[City, State, ZIP Code]

## **Subject: Inquiry Regarding Medical Debt Entry on Credit Report**

Dear [Credit Reporting Agency Name],

I am writing to formally request a review and correction of a medical debt entry that appears on my credit report. The details of the medical debt are as follows:

- Account Number: [Account Number]
- Creditor Name: [Creditor Name]
- Amount: [Amount]
- Date of Service: [Date]

Upon reviewing my credit report, I believe that this medical debt is either inaccurate or incorrectly reported. I have attached relevant documents, including [mention any supporting documents attached, such as payment receipts or correspondence with the creditor], to support my claim.

I kindly request that you investigate this matter and update my credit report accordingly. I would appreciate a written response detailing your findings and any actions taken as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]