

Letter of Justification for Excluding Medical Debt

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the exclusion of my medical debt from my credit records due to [provide brief reason such as financial hardship, insurance issues, etc.]. This debt has had a significant impact on my credit score and overall financial health.

Furthermore, [explain any supporting details, such as a recent job loss, unexpected medical emergencies, or lack of insurance]. This situation has created undue stress and made it increasingly difficult to manage my finances.

I kindly ask that you consider my request and provide any necessary documentation or steps I should take to assist in this process. I am committed to resolving this matter and maintaining my financial responsibilities.

Thank you for your attention to this matter. I appreciate your understanding and support, and I look forward to your positive response.

Sincerely,

[Your Name]