

Request to Omit Medical Debt from Credit Report

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Credit Bureau Name]

[Credit Bureau Address]

[City, State, Zip Code]

Subject: Request for Removal of Medical Debt from Credit Report

Dear [Credit Bureau Name],

I hope this message finds you well. I am writing to formally request the removal of a medical debt that has been reported on my credit report. The details of the account are as follows:

- Account Number: [Account Number]
- Creditor Name: [Creditor Name]
- Report Date: [Report Date]

This medical debt was incurred under circumstances that were beyond my control, and I have been working diligently to resolve it. In accordance with the Fair Credit Reporting Act, I believe this debt should not negatively impact my credit score as it relates to medical expenses. Additionally, I have attached documentation supporting my case, including [describe any attached documents, e.g., payment plan, proof of payment, etc.].

I kindly request that your office reviews my situation and considers omitting this medical debt from my credit report. Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Name]