

# Debt Verification Demand Letter

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

[Debt Collector's Name]  
[Debt Collector's Company]  
[Company Address]  
[City, State, Zip Code]

## **Subject: Request for Debt Verification - Account # [Account Number]**

Dear [Debt Collector's Name],

I am writing to formally request the verification of the debt you claim I owe for medical services rendered. According to my records, I do not acknowledge this debt and would like additional information to confirm its legitimacy.

In your communication dated [Date of Original Communication], you indicated that I owe a balance of [Amount Owed]. Please provide me with the following:

- The name of the creditor to whom the debt is owed.
- A copy of the original bill from the medical provider.
- Details of any payments made and the amount you claim is outstanding.
- A copy of any judgment or contract that validates the debt.

According to the Fair Debt Collection Practices Act, you are required to provide this information upon my request. I ask that you provide this information within 30 days of receiving this letter, as failure to do so may result in the debt being deemed invalid.

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

Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]