

# Debt Validation Request 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]

Re: Debt Validation Request for Account #[Account Number]

Dear [Debt Collector's Name],

I am writing to formally request validation of the debt you claim I owe related to medical services. Please provide me with the following information:

- The amount of the debt.
- The name of the creditor to whom the debt is currently owed.
- Verification of the debt, including the date of service, the nature of the services rendered, and any relevant billing documentation.

According to the Fair Debt Collection Practices Act (FDCPA), I have the right to request this information. Please provide the validation within 30 days of receiving this letter. Until I receive the requested validation, I request that you cease all collection efforts.

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

Sincerely,

[Your Name]