

Letter to Remove Medical Collection

Your Name

Your Address

City, State, Zip

Your Phone#

Creditor/Collector's Name

Creditor/Collector's Address

City, State Zip

Date

Dear Creditor/Collection Manager:

Re: Account Name/Number _____

This letter is in regard to the medical collection indicated above that is reporting on my credit file.

I have no knowledge or record of account # [xxxxx] that you indicate on my report. Please advise me as to the name and address of the medical provider, the date and type of service, and to whom the service was provided, as I have no recollection of any such service.

If you do not have the information to validate this collection, I would appreciate your prompt notification to each credit bureau to remove this account from my file as soon as possible.

Sincerely,

Your Signature

Your Printed Name

SSN