

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

[Date]

[Name of Creditor or Collection Agency]
[Address]
[City, State, Zip Code]

RE: Account Number [Your Account Number]

Dear [Name of Creditor or Collection Agency],

I am writing to formally request that you cease and desist all communication with me regarding the above-referenced account, as well as any other alleged medical debts you claim I owe.

Under the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692c(c), you are required to stop contacting me after receiving this written notice. This includes communication via telephone, mail, email, or through my place of employment.

This request also serves as a formal dispute of the validity of this debt. I request that you provide full verification and itemized documentation of the alleged medical charges, including proof that these charges comply with the No Surprises Act and all relevant medical billing regulations.

Furthermore, please be advised that communicating medical information to third parties, including credit reporting agencies, without proper authorization may be a violation of the Health Insurance Portability and Accountability Act (HIPAA).

From the date of your receipt of this letter, you may only contact me to:

- Confirm that your collection efforts are being terminated.
- Notify me that you or the creditor intends to invoke a specific legal remedy.

Thank you for your immediate cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]