

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

[Date]

[Collection Agency or Hospital Name]
[Attn: Legal Department / Billing Department]
[Address]
[City, State, Zip Code]

RE: NOTICE OF INTENT TO SUE

Account Number: [Your Account Number]
Original Creditor: [Name of Hospital/Clinic]

To Whom It May Concern,

This letter serves as formal notice of my intent to file a lawsuit against [Name of Entity] in [Name of County] Court for violations related to the above-referenced medical debt.

The basis for this legal action includes, but is not limited to, the following:

- [Reason 1: e.g., Failure to provide itemized billing upon request]
- [Reason 2: e.g., Reporting inaccurate information to credit bureaus]
- [Reason 3: e.g., Violation of the Fair Debt Collection Practices Act (FDCPA)]
- [Reason 4: e.g., Failure to apply financial assistance or "Charity Care" as required by law]

I have previously attempted to resolve this matter through [mention previous contact, e.g., written disputes/phone calls] on [Dates], but the issue remains unresolved.

Demand for Settlement:

To avoid formal litigation, I demand that you take the following actions within [Number, e.g., 14] days of receipt of this notice:

1. [Action 1: e.g., Cease all collection efforts immediately]
2. [Action 2: e.g., Remove all derogatory marks from my credit reports]
3. [Action 3: e.g., Provide a full validation of the debt and an itemized bill]

Failure to comply with this demand or reach a mutually agreeable settlement by [Deadline Date] will result in the immediate filing of a summons and complaint without further notice. Please be advised that I will also seek recovery for court costs, attorney fees, and statutory damages where applicable.

Please govern yourself accordingly.

Sincerely,

[Your Signature]

[Your Printed Name]