

[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

Re: Notice of Legal Representation

Client Name: [Client Full Name]
Account Number: [Account Number]
Creditor: [Original Medical Provider Name]
Date of Service: [Date]

To Whom It May Concern,

Please be advised that this office represents [Client Full Name] regarding the above-referenced medical debt. All future communications regarding this matter should be directed to my attention at the address listed above.

Pursuant to the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692c(a)(2), you are hereby notified to cease all direct contact with my client. This includes, but is not limited to, telephone calls, written correspondence, and electronic communication. Any further contact with my client will be considered a violation of federal law.

Furthermore, we formally request a complete validation of this debt, including:

- An itemized statement of all charges.
- Verification of the original creditor.
- Proof of the legal authority to collect this debt.

Please forward all relevant documentation and any settlement offers directly to my office. Thank you for your immediate cooperation.

Sincerely,

[Signature]

[Attorney Name]
[Law Firm Name]