

Dear [credit reporting agency],
My name is [your name] , my SS # is [xxx xx xxxx].

I have no knowledge or records of account # [xxxxx] from [original creditor] 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 any account I might have had would be obsolete.

If you can obtain this information, I also would need the name of the person providing this data, and the manner in which it was provided in order that I may pursue additional legal remedies.

Very truly yours,

[your name]