UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

BARBARA WALDEN-CURRY	)	**JURY TRIAL DEMANDED**
Plaintiff,	)	
	)	
v.	)	**Case No.**
	)	
MEDICREDIT INC,	)	
Defendant.	)	
	)	
	)	

COMPLAINT AND DEMAND FOR JURY TRIAL

I. INTRODUCTION

1. This is an action for actual and statutory brought by Plaintiff Barbara Walden-Curry an individual consumer, against Defendant, Medicredit Inc. for violations of the Fair Debt Collection Practices Act, 15 U.S.C § 1692 *et seq.* (hereinafter "FDCPA"), which prohibits debt collectors from engaging in abusive, deceptive, and unfair practices.

II. JURISDICTION AND VENUE

2. Jurisdiction of this court arises under 15 U.S.C § 1692k(d) 28 U.S.C 1331. Venue in this District is proper in that the Defendants transact business in Lauderhill, Broward County, Florida, and the conduct complained of occurred in Lauderhill, Broward County, Florida.

III. PARTIES

3. Plaintiff is a natural person residing in Lauderhill, Broward County, Florida.

4. Plaintiff is a consumer as defined by the Fair Debt Collection Practices Act, 15 U.S.C. §1692a(3).

5. Upon information and belief, Defendant is a Missouri corporation with its registered agent for service as follows: C T Corporation System, 1200 South Pine Island Road, Plantation, FL 33324.

6. Defendant regularly attempt to collect consumers' debts alleged to be due to another's.

7. Defendant is engaged in the collection of debt from consumers using the mail and telephone.

8. Defendant is a "debt collector" as defined by the FDCPA, 15 U.S.C § 1692a(6).

IV. FACTS OF THE COMPLAINT

9. Plaintiff received a letter via mail dated, December 13, 2024. The letter was an attempt to collect a debt allegedly owed to HCA Florida Westside Hospital in the amount of $1556.10. *(See Exhibit A.)*

10. On December 27, 2024, Plaintiff sent a letter to Defendant stating *"I don't have any money now so I'm not paying"* pursuant to 15 U.S.C. § 1692c(c). *(See Exhibit B.)*

11. Plaintiff's letter was delivered to Defendant on December 31, 2024 via USPS certified mail, tracking number 7020 1810 0002 0010 6587. *(See Exhibit C.)*

12. Defendant continued collection efforts by forwarding correspondence to Plaintiff via mail dated January 13, 2025 regarding alleged debt validation attempting to collect on alleged debt with payment options. This letter was in violation of 15 U.S.C § 1692c(c). *(See Exhibit D.)*

13. Defendant sent another letter continuing collection efforts by forwarding correspondence to Plaintiff via mail dated March 19, 2025 with a settlement offer of $778.05. This letter was in violation of 15 U.S.C. § 1692c(c). *(See Exhibit E.)*

14. Plaintiff has suffered actual damages as a result of these illegal debt collection communications by Defendant in the form of intrusion upon seclusion, anger, anxiety, decreased ability to focus on tasks, frustration, amongst other negative emotions.

V. FIRST CLAIM FOR RELIEF
15 U.S.C. §1692c(c)

15. Plaintiff re-alleges and reincorporates all previous paragraphs as if fully set out herein.

16. Defendant's debt collection efforts violated the FDCPA, particularly §1692c(c) states:

> (a) If a consumer notifies a debt collector in writing that the consumer refuses to pay a debt or that the consumer wishes the debt collector to cease further communication with the consumer, the debt collector shall not communicate further with the consumer with respect to such debt, except-
> (1) to advise the consumer that the debt collector's further efforts are being terminated;
> (2) to notify the consumer that the debt collector or creditor may invoke specified remedies which are ordinarily invoked by such debt collector or creditor; or
> (3) where applicable, to notify the consumer that the debt collector or creditor intends to invoke a specified remedy.
>
> If such notice from the consumer is made by mail, notification shall be complete upon receipt.

17. Defendant's acts were intentional, willful, reckless, wanton and negligent disregard for Plaintiff's rights under the law and with purpose of coercing Plaintiff to pay an alleged debt.

18. As a result of the above violations of the FDCPA, the Defendant is liable to Plaintiff for actual damages, statutory damages and costs.

VI. JURY DEMAND AND PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully demands a jury trial and requests that judgment be entered in favor of Plaintiff and against the Defendant for:

A. Judgment for the violations occurred for violating the FDCPA;

B. Actual damages pursuant to 15 U.S.C 1692k(a)(1);

C. Statutory damages pursuant to 15 U.S.C 1692k(a)(2);

D. Cost pursuant to 15 U.S.C 1692k(3);

E. For such other and further relief as the Court may deem just and proper.

Respectfully submitted:

Barbara Walden-Curry
2670 NW 42nd Avenue
Lauderhill, FL 33313
954-939-4521
barbaracurrybcpsa@gmail.com

Exhibit A

Medicredit Inc

PO Box 505600
St. Louis MO 63150-5600
800-823-2318
8 a.m.-8 p.m. Mon-Thurs, 8 a.m.-5 p.m. Fri and 9 a.m.-1 p.m. Sat.
All times are Central time zone.
www.medicreditcorp.com

To: Barbara Walden-Curry
2670 NW 42ND Ave
Lauderhill FL 33313

Reference: 184899422

Medicredit, Inc. is a debt collector. We are trying to collect a debt that you owe to HCA Florida Westside Hospital. We will use any information you give us to help collect the debt.

Our Information shows:

Barbara Walden-Curry received services from HCA Florida Westside Hospital with account number 20837309.

As of November 5, 2024, you owed:	$1,556.10
Between November 5, 2024 and today:	
You were charged this amount in interest:	+ $0.00
You were charged this amount in fees:	+ $0.00
You paid, your insurance paid and/or you were credited this amount toward the debt:	- $0.00
Total amount of the debt now:	**$1,556.10**

How can you dispute the debt?

- **Call or write to us by January 22, 2025, to dispute all or part of the debt.** If you do not, we will assume that our information is correct.
- **If you write to us by January 22, 2025,** we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write to us without the form. You may also include supporting documents.

What else can you do?

- **Write to ask for the name and address of the original creditor, if different from the current creditor.** If you write by January 22, 2025, we must stop collection until we send you that information. You may use the form below or write to us without the form.
- **Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law.** For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options.
- Pay online at www.medicreditcorp.com

Notice: See reverse side for important information.

210763265_29_TTTOGW01_01DHCI-184899422-B1H00314

Undeliverable Mail Only
TTTOGW01
PO BOX 1280
OAKS PA 19456-1280

ADDRESS SERVICE REQUESTED

December 13, 2024

How do you want to respond?

Check all that apply:

O I want to dispute the debt because I think:
- O This is not my debt.
- O The amount is wrong.
- O Other (please describe on reverse or attach additional information).

O I want you to send me the name and address of the original creditor.

O I enclosed this amount:
$

Make your check payable to MEDICREDIT, INC.
Include account number 20837309.

Barbara Walden-Curry
2670 NW 42ND Ave
Lauderhill FL 33313-2722

Mail this form to:

MEDICREDIT, INC.
PO Box 505600
St. Louis MO 63150-5600

0035 012651

1 of 1

Exhibit B

December 27, 2024

Medicredit
PO Box 505600
St. Louis, MO 63150-5600

#1556.10

I don't have any money now so I'm not paying.

Barbara Walden-Curry
2670 NW 42nd Ave
Lauderhill, FL 33313

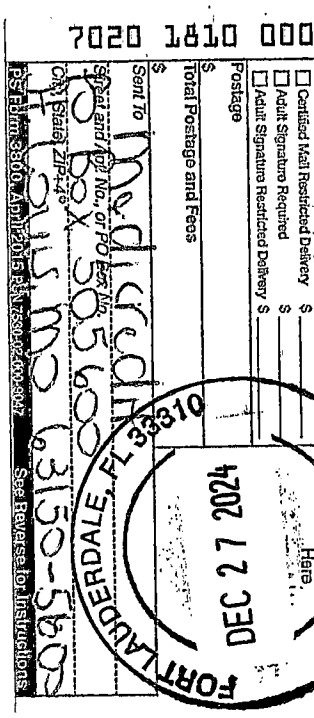
7020 1810 000
Certified Mail Restricted Delivery
Adult Signature Required
Adult Signature Restricted Delivery
Postage
Total Postage and Fees
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
FORT LAUDERDALE, FL 33310
DEC 27 2024
Here

Exhibit D

Medicredit Inc
ATTN: Insurance Dept.
PO Box 505600
St. Louis MO 63150-5600
800-965-4218

Account Summary

Account #: 184899422
Balance due on file: $1,556.10
# of Accounts on File: 1

Customer Number	Creditor Name	Patient Name	Date of Service	Balance
20837309	HCA Florida Westside Hospital	Barbara Walden-Curry	01/09/24	$1,556.10
			BALANCE DUE ON FILE	$1,556.10

INFORMATION NEEDED FOR INSURANCE PROCESSING

Our records reflect an unpaid balance in the amount shown above and we need your help in resolving this balance. The insurance company indicated that additional information is required **from you** to process this claim. Please contact the insurance company and provide the requested information. Afterwards, please contact us at 800-965-4218 so that we may update the status of the account.

We are committed to working with you to obtain payment from the insurance company. However, if you fail to contact the insurance company to provide them with the information required to process this claim in a timely manner, you may be held responsible for the entire balance of the claim.

This communication is from a debt collector.

>>> Please see reverse side for important information <<<

Payment Options

www.medicreditcorp.com
- Pay your bill
- Check Balances
- Setup Recurring Payments
- Setup Payment Reminders

Scan using cellphone for quick payment

800-965-4218
Hours
Mon – Sat 7 a.m. to 4:30 p.m. CT

667894395-TTTOGW08-08DINBHC-184899422-B1H00314

Account #: 184899422
Customer #: 20837309

TTTOGW08
PO BOX 1280
Oaks PA 19456-1280

ADDRESS SERVICE REQUESTED

January 13, 2025

Mail all Correspondence to:

Barbara Walden-Curry
2670 NW 42ND Ave
Lauderhill FL 33313-2722

MEDICREDIT, INC.
ATTN: Insurance Dept.
PO Box 505600
St. Louis MO 63150-5600

0021 002657

1 of 1

Exhibit E

Medicredit Inc
PO Box 505598
St. Louis MO 63150-5598
800-823-2318

Account Summary

Consumer #:	184899422
Total Balance:	$1,556.10
Settlement Offer:	$778.05
Settlement Payment Due Date:	May 4, 2025

Account Number	Creditor Name	Patient Name	Date of Service	Account Balance
20837309	HCA Florida Westside Hospital	Barbara Walden-Curry	01/09/2024	$1,556.10
			- TOTAL BALANCE DUE	$1,556.10

Important Information

We would like to make you a settlement offer on the above account(s):

Step 1: Pay the settlement amount of $778.05, by May 4, 2025.

Step 2: Upon receipt of this settlement payment, the total balance on the account(s) listed above will be considered paid in full.

This settlement offer only applies to the account(s) listed above and does not apply to any other hospital account(s) you may have. In the event you elect not to accept this offer our normal collection efforts will continue.

There are several ways you can pay your bill listed to the right. **Please do not send cash. If paying by check or money order, please indicate Consumer # 184899422 and make checks payable to Medicredit, Inc.

If you have questions, please call 800-823-2318. Thank you for your attention to this matter and we sincerely hope you will take advantage of this offer.

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for this purpose.

Payment Options

www.medicreditcorp.com
Pay your bill
Check Balances
Setup Recurring Payments
Setup Payment Reminders

Scan using cellphone for quick payment

800-823-2318

Hours
Mon – Thurs 8 a.m. to 8 p.m. CT
Friday 8 a.m. to 5 p.m. CT
Saturday 9 a.m. to 1 p.m. CT

>>> Please see reverse side for important information <<<

677199471-974-TTTOGW01-01DHCSTL-184899422-B1H00314

Detach Lower Portion and Return with Payment

For: Barbara Walden-Curry
Consumer Number: 184899422
Settlement Amount: $778.05
Settlement Date: May 4, 2025
Account Number(s): 20837309

TTTOGW01
PO BOX 1280
Oaks PA 19456-1280

ADDRESS SERVICE REQUESTED

March 19, 2025

Mail all Correspondence to:

Barbara Walden-Curry
2670 NW 42ND Ave
Lauderhill FL 33313-2722

Medicredit Settlements
PO Box 505598
St. Louis MO 63150-5598

0016 013490

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