

Subject: Conditional Approval for Medical Procedure Financing

Dear [Applicant Name],

We are pleased to inform you that your application for medical financing has been **conditionally approved** for the following procedure: [Procedure Name].

Financing Details:

- Approved Amount: \$[Amount]
- Estimated Monthly Payment: \$[Amount]
- Interest Rate: [Percentage]%

Conditions for Final Approval:

Before funds can be disbursed to [Healthcare Provider Name], the following items must be completed and verified:

- Submission of a final itemized treatment plan from your provider.
- Verification of current income (most recent pay stub or tax return).
- Signed Loan Agreement and Disclosure Statement.
- Proof of identity (Copy of Driver's License or Passport).

This conditional approval is valid until [Expiration Date]. Please submit the required documentation through our online portal or by replying to this email.

If you have any questions, please contact our financing department at [Phone Number].

Sincerely,

[Your Name/Company Name]

[Title]

[Contact Information]