

[Date]

[Primary Account Holder Name]

[Address Line 1]

[Address Line 2]

**Subject: Approval of Financing for Dependent Medical Procedure**

Dear [Primary Account Holder Name],

We are pleased to inform you that your application for medical financing has been approved for the following dependent:

- **Dependent Name:** [Dependent Name]
- **Relationship:** [Relationship, e.g., Son/Daughter/Spouse]
- **Medical Procedure:** [Procedure Name]
- **Healthcare Provider:** [Clinic/Hospital Name]

**Financing Details:**

- **Approved Amount:** \$[Amount]
- **Interest Rate:** [Percentage]%
- **Loan Term:** [Number of Months] months
- **Monthly Payment:** \$[Amount]
- **Payment Start Date:** [Date]

The funds will be disbursed directly to the healthcare provider on the scheduled date of the procedure, provided all final documentation is signed. Please review the attached terms and conditions for details regarding late fees and repayment schedules.

If you have any questions, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative]

[Title]

[Company/Organization Name]