

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Approval of Financing for Elective Medical Procedure

Dear [Patient Name],

We are pleased to inform you that your application for financing regarding your upcoming medical procedure, [Procedure Name], has been approved.

Financing Details:

- **Total Approved Amount:** \$[Amount]
- **Interest Rate (APR):** [Percentage]%
- **Loan Term:** [Number] Months
- **Monthly Payment:** \$[Amount]
- **First Payment Due Date:** [Date]

This approval is subject to the verification of your identity and the final clinical scheduling of your procedure at [Medical Facility Name].

Please review the attached loan agreement for the full terms and conditions. To proceed, you must sign and return the documents by [Deadline Date].

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

Sincerely,

[Name of Representative]

[Title]

[Company/Practice Name]