

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Account Number: [Insert Account Number]

Case Reference: [Insert Case/Authorization ID]

Subject: URGENT: Approval for Expedited Emergency Medical Financing

Dear [Insert Patient or Guardian Name],

This letter serves as formal notification that your request for expedited emergency medical financing has been **APPROVED** for the following procedure:

- **Procedure Type:** [Insert Procedure Name]
- **Facility:** [Insert Hospital/Clinic Name]
- **Approved Amount:** \$[Insert Amount]
- **Approval Date:** [Insert Date]

Due to the life-critical nature of this request, we have bypassed standard processing timelines to ensure immediate access to care. The funds have been allocated and are available for immediate disbursement to the healthcare provider listed above.

Terms of Financing:

- Interest Rate: [Insert Rate]%
- Repayment Start Date: [Insert Date]
- Monthly Payment: \$[Insert Amount]

The medical facility has been notified of this approval. No further action is required from you at this time regarding the financial clearance for this procedure.

If you have questions regarding your repayment schedule or account details, please contact our Emergency Finance Department at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Insert Name/Signature]

[Insert Title]

[Insert Financial Institution/Department Name]