

Date: [Date]

Subject: Notice of Financing Approval for International Medical Procedure

Dear [Patient Name],

We are pleased to inform you that your application for medical financing has been approved for your upcoming procedure at [Medical Facility Name] in [Country].

Financing Details:

- **Approved Amount:** [Currency/Amount]
- **Approval Reference Number:** [Reference Number]
- **Medical Procedure:** [Procedure Name]
- **Provider/Hospital:** [Hospital Name]

Terms and Conditions:

The funds will be disbursed directly to the medical facility upon receipt of the final invoice and confirmation of your travel itinerary. Please ensure all required medical documentation and identity verification are submitted by [Deadline Date].

This approval is valid for [Number] days from the date of this letter. If the procedure is rescheduled or the costs change significantly, a new assessment may be required.

Please contact your dedicated account manager at [Phone Number] or [Email Address] if you have any questions regarding your disbursement schedule.

Sincerely,

[Your Name/Signature]

[Title]

[Company Name]