

**Date:** [Insert Date]

**Primary Applicant:** [Insert Name]

**Joint Applicant:** [Insert Name]

**Address:** [Insert Address]

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

Dear [Insert Primary Applicant Name] and [Insert Joint Applicant Name],

We are pleased to inform you that your joint application for medical financing has been approved. This approval is based on the credit information provided by both parties for the following procedure:

- **Medical Provider:** [Insert Clinic/Hospital Name]
- **Procedure Type:** [Insert Procedure Name]
- **Total Approved Amount:** \$[Insert Amount]

**Financing Terms:**

- **Loan Account Number:** [Insert Number]
- **Interest Rate (APR):** [Insert %]
- **Repayment Term:** [Insert Number] Months
- **Monthly Payment Amount:** \$[Insert Amount]
- **First Payment Due Date:** [Insert Date]

Both applicants are considered equally responsible for the repayment of this loan. Please review the attached Loan Agreement for the full terms and conditions. To finalize this financing, both parties must sign and return the enclosed documents by [Insert Deadline Date].

If you have any questions regarding your account or the disbursement of funds to your provider, please contact our customer service department at [Insert Phone Number].

Sincerely,

[Insert Name/Signature]

[Insert Title]

[Insert Lending Institution Name]