

Date: [Date]

Patient Name: [Patient Full Name]

Reference Number: [Application ID/Account Number]

Dear [Patient Name],

We are pleased to inform you that you have been pre-approved for medical procedure financing through [Financing Company Name]. This preliminary approval is based on the initial information provided in your application.

Pre-Approval Details:

- **Maximum Approved Amount:** \$[Amount]
- **Estimated Interest Rate:** [Percentage]%
- **Estimated Monthly Payment:** \$[Amount]
- **Expiration Date:** [Date]

Please note that this is a preliminary pre-approval and not a final commitment to lend. Final approval is subject to the following conditions:

- Verification of your identity and financial documentation.
- A final review of the medical provider's estimate and procedure codes.
- No significant changes in your credit profile prior to funding.

To move forward, please present this letter to your healthcare provider at [Medical Facility Name] or log in to your portal at [Website URL] to complete the final steps of your application.

If you have any questions, please contact our support team at [Phone Number].

Sincerely,

[Name of Representative]

[Title]

[Financing Company Name]