

[Date]

[Patient Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Approval of Secured Medical Procedure Financing

Dear [Patient Name],

We are pleased to inform you that your application for secured financing for your upcoming medical procedure has been approved. This financing is secured against the collateral specified in your application.

Loan Summary:

- **Approved Amount:** \$[Amount]
- **Interest Rate:** [Percentage]%
- **Repayment Term:** [Number] Months
- **Monthly Payment:** \$[Amount]
- **Collateral Description:** [Description]
- **Medical Provider:** [Provider Name]

Next Steps:

1. Review and sign the attached Loan Agreement and Security Agreement.
2. Provide a copy of your government-issued ID.
3. Return all documents to our office by [Date].

Once the signed documents are verified, the funds will be disbursed directly to [Provider Name] to cover your scheduled procedure.

If you have any questions regarding these terms, please contact our financing department at [Phone Number] or [Email Address].

Sincerely,

[Name of Officer]

[Title]

[Financial Institution/Company Name]