

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Approval of Financing for Medical Procedure

Dear [Patient Name],

We are pleased to inform you that your application for medical financing has been approved for the following procedure: [Name of Procedure].

Financing Details:

- **Total Approved Amount:** \$[Amount]
- **Interest Rate (APR):** [Percentage]%
- **Loan Term:** [Number] Months
- **Monthly Payment:** \$[Amount]
- **First Payment Due Date:** [Date]

The funds will be disbursed directly to [Name of Medical Provider/Facility] on the date of your scheduled procedure, which is currently noted as [Procedure Date].

Please review the attached Loan Agreement for the full terms and conditions. To finalize this process, you must sign and return the documents by [Deadline Date].

If you have any questions regarding your repayment schedule or account details, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]

[Title]

[Company Name]