

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

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

Dear [Patient Name],

We are pleased to inform you that your application for unsecured medical financing has been approved for your upcoming procedure, [Name of Procedure].

The details of your financing agreement are as follows:

- **Approved Amount:** \$[Amount]
- **Interest Rate (APR):** [Percentage]%
- **Repayment Term:** [Number of Months] months
- **Monthly Payment:** \$[Amount]
- **Origination Fee:** \$[Amount]

Because this is an unsecured loan, no collateral is required. The funds will be disbursed directly to [Medical Provider/Facility Name] on the scheduled date of your procedure, pending your final signature on the attached loan agreement.

Please review the enclosed documents carefully. To finalize the financing, you must sign and return the agreement by [Deadline Date].

If you have any questions regarding your repayment schedule or the terms of this approval, please contact our billing department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name of Authorized Representative]

[Title]

[Financing Company/Medical Practice Name]