[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

We are pleased to inform you that your application for orthodontic treatment financing has been approved for the following patient: [Patient Name].

Financing Details:

- Total Treatment Cost: $[Amount]
- Down Payment Required: $[Amount]
- Financed Amount: $[Amount]
- Monthly Payment: $[Amount]
- Loan Term: [Number] Months
- Interest Rate (APR): [Percentage]%

The first monthly payment will be due on [Date]. Subsequent payments will be due on the [Day] of each month.

Please review the attached financing agreement for the full terms and conditions. To proceed with the treatment plan, please sign the document and return it to our office by [Date].

If you have any questions regarding your payment schedule or the financing terms, please contact our billing department at [Phone Number] or [Email Address].

We look forward to helping you achieve a healthy, beautiful smile.

Sincerely,

[Signature]
[Name of Financial Coordinator/Office Manager]
[Practice Name]