

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Billing Manager Name or Department]
[Medical Facility/Collection Agency Name]
[Address]
[City, State, Zip Code]

RE: Payment Plan Confirmation for Account Number: [Account Number]

Dear [Contact Name or Billing Department],

This letter serves as formal confirmation of the payment plan agreement reached on [Date] regarding the outstanding balance for medical services rendered on [Date of Service].

As per our discussion, it is agreed that the total outstanding balance of \$[Total Amount] will be settled through a monthly payment plan under the following terms:

- **Monthly Payment Amount:** \$[Amount]
- **Payment Due Date:** [Day of the month, e.g., 15th] of each month
- **Plan Start Date:** [Start Date]
- **Number of Installments:** [Number of months]
- **Interest Rate:** [0% or specified rate]

It is my understanding that as long as payments are made according to this schedule, the account will remain in good standing and will not be referred to a collection agency or reported negatively to credit bureaus. Once the final payment is made, the debt will be considered paid in full.

I have enclosed the first payment of \$[Amount] with this letter. Please apply this to the account number referenced above.

Please provide written acknowledgment of this agreement for my records. Thank you for your cooperation in resolving this matter.

Sincerely,

[Your Signature]

[Your Printed Name]