

[Your Name/Organization Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: Payment Plan Confirmation for Account #[Account Number]

Dear [Patient Name],

This letter is to confirm the payment arrangement we discussed regarding your outstanding balance of \$[Total Balance Amount].

We have agreed to the following monthly payment schedule:

- **Monthly Payment Amount:** \$[Amount]
- **Payment Due Date:** [Day of the month, e.g., 15th]
- **Start Date:** [Date of first payment]
- **Number of Installments:** [Number of months]

Please make checks payable to [Organization Name] and include your account number in the memo line. If you prefer to pay online, you may do so at [Website URL].

As long as payments are received according to this schedule, your account will remain in good standing and will not be referred to external collection agencies. If you anticipate any difficulty making a payment, please contact our billing department at [Phone Number] as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Name of Billing Representative]
[Title]
[Organization Name]