

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Account Number: [Account Number]

Dear [Patient Name],

This letter serves as formal confirmation of the installment agreement reached regarding your outstanding medical arrears in the amount of \$[Total Amount Owed].

Per our agreement, you have committed to the following payment schedule:

- **Installment Amount:** \$[Amount] per month
- **Payment Start Date:** [Date]
- **Payment Due Date:** [Day of the month, e.g., 15th] of each month
- **Number of Installments:** [Total number of months]

Please make all checks or money orders payable to [Facility Name] and include your account number in the memo line. Payments can also be made online at [Website URL] or by calling [Phone Number].

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. Please notify us immediately if you experience financial hardship that may prevent you from making a scheduled payment.

Thank you for your cooperation in resolving this balance.

Sincerely,

[Name of Representative]

[Title]

[Billing Department/Facility Name]

[Phone Number]