

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Account Number [Account Number]

Dear [Patient Name],

This letter is to confirm that we have approved your request for an installment payment plan regarding your outstanding balance of \$[Total Balance Amount].

According to our agreement, your payment schedule is as follows:

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

Payments can be made via [List Payment Methods: online portal, mail, or phone].

Please ensure that payments are received by the due date each month to keep your account in good standing. If you anticipate any difficulty making a payment, please contact our billing department as soon as possible at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]

[Billing Department Name]

[Healthcare Facility Name]