

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Account Number: [Account Number]

Dear [Patient Name],

This letter confirms that we have approved a monthly payment plan for your outstanding balance of \$[Total Balance Due] at [Physician/Clinic Name].

The terms of your payment plan are as follows:

- **Monthly Payment Amount:** \$[Amount]
- **Due Date:** The [Day, e.g., 15th] of each month
- **First Payment Due:** [Date]
- **Number of Installments:** [Number]

Please make your checks payable to [Physician/Clinic Name] and include your account number on the memo line. You may also pay online at [Website URL] or by calling [Phone Number].

Please note that payments must be received by the due date to keep this agreement in good standing. If you anticipate any difficulty making a payment, please contact our billing department immediately.

Thank you for your cooperation in resolving this balance.

Sincerely,

[Billing Manager Name]

[Physician/Clinic Name]

[Contact Phone Number]