

Reimbursement Details for Participation in Medical Research

Dear [Participant's Name],

Thank you for your participation in our medical research study titled "[Study Title]." Your contribution is invaluable to advancing medical knowledge and improving patient care.

Reimbursement Information

Please find below the details regarding your reimbursement for participating in the study:

- **Study Dates:** [Insert Dates]
- **Total Reimbursement Amount:** \$[Insert Amount]
- **Payment Method:** [Check/Cash/Direct Deposit]
- **Payment Timeline:** [Insert Timeline]

If you have any questions regarding your reimbursement or the study, please feel free to contact us at [Contact Information].

Thank you once again for your participation!

Sincerely,

[Research Coordinator's Name]

[Research Institution]

[Contact Information]