

Loan Disbursement Schedule

Date: [Insert Date]

To:

[Borrower's Name]

[Borrower's Address]

[City, State, Zip Code]

Subject: Medical Loan Disbursement Schedule

Dear [Borrower's Name],

We are pleased to inform you that your medical loan application has been approved. Below is the disbursement schedule for your loan:

| Installment Number | Disbursement Date | Amount | Purpose |
|--------------------|-------------------|---------------------|--------------------------|
| 1 | [Insert Date] | [\$[Insert Amount]] | Initial Medical Expenses |
| 2 | [Insert Date] | [\$[Insert Amount]] | Post-Op Care |
| 3 | [Insert Date] | [\$[Insert Amount]] | Follow-Up Treatment |

Please ensure that the necessary documentation is provided for each disbursement. If you have any questions, feel free to contact us at [Insert Contact Information].

Thank you for choosing our services.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]