

# Dear [Patient's Name],

We hope this message finds you well. At [Clinic/Hospital Name], we understand that medical expenses can sometimes be a concern. To ensure that you receive the care you need without added financial stress, we are pleased to offer flexible payment options tailored to your circumstances.

## Available Payment Plans:

- **Monthly Installments:** Spread your payments over a period of time that works for you.
- **Sliding Scale Fees:** Reduce costs based on your income and financial situation.
- **Interest-Free Payment Plans:** Pay your balance without interest charges over a specified term.

If you would like to discuss these options in further detail or if you have any questions, please do not hesitate to contact our billing department at [Phone Number] or [Email Address]. We are here to support you in any way we can.

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]