

Installment Payment Offer for Medical Services

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Patient's Name],

We hope this letter finds you well. We understand that accessing medical services may sometimes come with financial challenges. To assist you in managing your medical expenses, we are pleased to offer you an installment payment plan for the services rendered.

Details of the Payment Plan

- **Total Amount Due:** \$[Insert Total Amount]
- **Initial Payment:** \$[Insert Initial Payment Amount] due by [Insert Due Date]
- **Monthly Installments:** \$[Insert Monthly Payment Amount] for [Insert Number of Months] months
- **Payment Due Date:** [Insert Due Date] of each month

Please make your payments to [Insert Payment Details]. If you agree to this payment plan, kindly sign and return the enclosed agreement by [Insert Return Date]. Feel free to contact us at [Insert Contact Information] if you have any questions or concerns.

Thank you for choosing [Your Medical Facility Name]. We look forward to continuing to provide you with high-quality care.

Sincerely,

[Your Name]

[Your Position]

[Your Medical Facility Name]

[Your Facility Address]

[City, State, ZIP Code]

[Contact Information]