

Patient Balance Repayment Plan

Date: [Insert Date]

Patient Name: [Patient Name]

Patient Address: [Patient Address]

Account Number: [Account Number]

Dear [Patient Name],

We hope this letter finds you well. We are writing to discuss your outstanding balance with our facility. Below is a proposed repayment plan to assist you in settling your account.

Current Balance:

#[Current Balance]

Proposed Repayment Plan:

- Total Amount Due: #[Total Amount Due]
- Monthly Payment Amount: #[Monthly Payment]
- Payment Due Date: [Due Date]
- Number of Installments: [Number of Installments]

Payment Methods:

Please choose one of the following payment methods:

- Credit/Debit Card
- Bank Transfer
- Check

If you agree to this repayment plan or have any questions, please contact our office at [Contact Information]. We appreciate your prompt attention to this matter and look forward to resolving your balance.

Thank you for choosing [Facility Name].

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

[Contact Information]