

Patient Financing Arrangement Suggestion

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Patient Name],

We hope this letter finds you well. We understand that healthcare expenses can sometimes be a concern, and we want to ensure that your treatment remains a priority without causing financial strain.

To assist you, we would like to propose a financing arrangement tailored to your situation. Below are the details of our suggested plan:

- **Total Cost of Treatment:** [Insert Total Cost]
- **Initial Payment:** [Insert Initial Payment Amount]
- **Monthly Payment Amount:** [Insert Monthly Payment Amount]
- **Number of Installments:** [Insert Number of Installments]
- **Interest Rate (if applicable):** [Insert Interest Rate]

Please review this proposal and let us know if you have any questions or modifications in mind. We are committed to working with you to find a solution that fits your needs.

Thank you for choosing our practice. We look forward to your response.

Sincerely,

[Your Name]

[Your Position]

[Your Practice Name]

[Phone Number]

[Email Address]