

Confirmation of Medical Payment Plan

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm that your medical payment plan has been successfully set up. The details are as follows:

Payment Plan Details

Account Number: [Insert Account Number]

Payment Amount: \$[Insert Payment Amount]

Payment Frequency: [Insert Payment Frequency, e.g., monthly]

Start Date: [Insert Start Date]

End Date: [Insert End Date, if applicable]

Payment Methods

You may choose to make payments via the following methods:

- [Insert Payment Method 1]
- [Insert Payment Method 2]
- [Insert Payment Method 3]

If you have any questions or need further assistance, please don't hesitate to contact our billing department at [Insert Contact Information].

Thank you for choosing [Your Medical Practice/Facility Name]. We appreciate your trust in us.

Sincerely,

[Your Name]

[Your Job Title]

[Your Medical Practice/Facility Name]

[Your Contact Information]