

# Payment Arrangement Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Medical Provider's Name]

[Address of Medical Provider]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to confirm our recent arrangement regarding the payment of my medical expenses. Below are the details of our agreement:

- **Amount Owed:** \$[Insert Amount]
- **Payment Plan:** [Insert Payment Plan Details]
- **First Payment Due:** [Insert Due Date]
- **Payment Method:** [Insert Payment Method]

Please let me know if you require any further information or documentation. Thank you for your understanding and support in this matter.

Sincerely,

[Your Name]