

Promissory Note

Date: [Insert Date]

FOR VALUE RECEIVED, I, [Borrower's Name], residing at [Borrower's Address], hereby promise to pay to the order of [Lender's Name], located at [Lender's Address], the sum of [Amount] Dollars (\$[Amount]) for medical expenses incurred on [Date of Service].

1. **Payment Schedule:** I agree to make payments of [Payment Amount] on the [day] of each month, starting on [Start Date], until the full amount is paid off.

2. **Interest Rate:** Interest shall accrue on the unpaid balance at a rate of [Interest Rate]% per annum.

3. **Default:** In the event of default, the entire balance shall become due immediately.

4. **Governing Law:** This note shall be governed by the laws of the State of [State].

IN WITNESS WHEREOF, I have executed this Promissory Note on the day and year first above written.

[Borrower's Name]

[Lender's Name]