

Payment Plan Acceptance Letter

Subject: Payment Plan Approved for Your Account

Dear [Patient Name],

Thank you for contacting our billing department to discuss your outstanding balance. We're pleased to confirm that we have approved a payment plan for your account.

Payment Plan Details:

Total Amount Owed: \$[Amount]

Monthly Payment: \$[Amount]

Number of Payments: [Number]

First Payment Due: [Date]

Subsequent Payment Dates: [Day] of each month

Your payments can be made through automatic monthly deductions from your bank account or credit card, or you may submit manual payments each month via our patient portal, by phone, or by mail.

Please note that this payment plan is contingent upon making each payment on time. If a payment is missed or returned for insufficient funds, the entire remaining balance may become due immediately, and your account may be subject to collection procedures.

We appreciate your commitment to resolving this balance and your continued trust in our practice. If you have any questions or if your financial situation changes, please contact us immediately at [Phone Number].

Thank you for your cooperation.

Best regards,

[Practice Name]

Billing Department

[Contact Information]

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