[Patient Name]
[Patient Address]
[Phone Number]
[Date]

[Orthodontic Practice Name]
[Orthodontist Name]
[Office Address]

RE: Installment Payment Plan for Orthodontic Treatment

Dear [Office Manager/Doctor Name],

This letter serves to formally outline and confirm the installment payment arrangement for the orthodontic treatment of [Patient Name].

The agreed-upon financial terms are as follows:

- Total Treatment Cost: $[0.00]
- Initial Down Payment: $[0.00] (Paid on [Date])
- Remaining Balance: $[0.00]
- Monthly Installment Amount: $[0.00]
- Number of Installments: [Number]
- Payment Due Date: [Day] of each month
- Payment Start Date: [Date]

I agree to make these payments regularly until the total balance is paid in full. I understand that if there are changes to the treatment plan, the costs may be adjusted accordingly after further discussion.

Please acknowledge your agreement to these terms by signing below or providing a countersigned copy of this letter.

Sincerely,

_____
[Responsible Party Signature]
[Printed Name]

Office Acceptance:

_____
[Office Representative Signature]
[Date]