

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Approval of Financial Hardship Discount

Dear [Patient Name],

We have received and reviewed your Financial Hardship Application regarding the costs associated with your upcoming surgical procedure: [Name of Procedure], scheduled for [Date of Procedure].

Based on the financial documentation provided, we are pleased to inform you that your request for a hardship discount has been approved. Below is a summary of the adjusted financial responsibility for the professional surgical fees:

- **Original Estimated Cost:** \$[Amount]
- **Hardship Discount Applied:** [Percentage]%
- **Total Approved Discount:** \$[Amount]
- **Your New Estimated Balance:** \$[Amount]

Please note that this discount applies specifically to the [Surgeon Name/Medical Group] fees. This discount does not cover external costs such as hospital facility fees, anesthesia, pathology, or outside laboratory testing, as these entities bill independently.

If you would like to set up a payment plan for the remaining balance, please contact our billing department at [Phone Number] prior to your procedure date.

We are committed to providing you with the highest quality of care. If you have any questions regarding this adjustment, please do not hesitate to contact us.

Sincerely,

[Name of Billing Manager/Administrator]

[Name of Practice/Hospital]

[Phone Number]