Date: [Current Date]

To:
[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Installment Agreement for Outstanding Deductible Recovery

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Total Balance Due: $[Amount]

Dear [Recipient Name],

This letter confirms the agreement regarding the recovery of your outstanding deductible for the claim referenced above. We have approved an installment plan to assist you in settling this balance.

Payment Schedule:

- **Total Installment Amount:** $[Amount per Payment]
- **Frequency:** [Monthly/Bi-Weekly]
- **Number of Payments:** [Number]
- **Start Date:** [Date of First Payment]
- **Final Payment Date:** [Date of Last Payment]

Please make checks payable to **[Company Name]** and include your claim number on the memo line. Alternatively, payments can be made online at [Website URL].

By following this schedule, you will avoid further collection actions. If you are unable to make a scheduled payment, please contact our billing department immediately at [Phone Number] to discuss your options.

Please sign and return a copy of this letter to acknowledge your acceptance of these terms.

Sincerely,

[Your Name/Department]
[Company Name]

_____

Recipient Signature

_____

Date