

---

# Guarantee Letter Hospital

[Employer or Insurance Company Name]  
[Employer or Insurance Company Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Hospital Name]  
[Hospital Address]  
[City, State, Zip Code]


Subject: Guarantee of Payment for Medical Services

Dear [Hospital Administrator/Finance Department],

This letter serves as a formal guarantee of payment for all necessary medical treatments and services provided by [Hospital Name] to [Patient's Full Name], [Patient ID or Social Security Number], who is an employee of [Employer Name] / a beneficiary of [Insurance Company Name].

We hereby confirm that our organization will cover all costs associated with the medical treatment, including hospital stays, surgical procedures, medications, and any other necessary medical services, as per the terms and conditions of our [employee health plan / insurance policy].

Please forward all medical bills and necessary documentation directly to our office for prompt processing of payments. Should there be any need for pre-approval of specific treatments or procedures, kindly contact us immediately at the details provided above.



We appreciate your cooperation and look forward to your support in providing the necessary medical care for [Patient's Full Name].

Thank you for your attention to this matter.

Yours sincerely,

**[Signature of Authorized Person]**

**[Name of Authorized Person]**

**[Title or Position]**

**[Employer or Insurance Company Name]**