**PROMISSORY NOTE**

**Date**: January 20, 2025

This Promissory Note ("Note") is made by [Borrower's Full Name], residing at [Borrower's Address], herein referred to as the "Borrower," in favor of [Lender's Name or Medical Provider], herein referred to as the "Lender."

**1. Loan Amount**  
The Lender agrees to provide the Borrower with a loan of [Loan Amount in Words] ($[Loan Amount in Numbers]) to cover medical expenses incurred for [Description of Medical Procedure or Treatment].

**2. Repayment Terms**  
The Borrower agrees to repay the loan in equal monthly installments of $[Amount], starting on [Start Date], with the final installment due on [Final Payment Date].

**3. Interest Rate**  
The loan will bear interest at a rate of [Interest Rate]% per annum.

**4. Medical Expenses Coverage**  
The loan is to be used exclusively for medical treatment and expenses related to [Description of Medical Procedure or Treatment].

**5. Default**  
In the event that the Borrower fails to make a payment as agreed, the Lender may take legal action to recover the unpaid balance. The Borrower agrees to pay all costs of collection, including attorney fees.

**6. Prepayment**  
The Borrower may pay off the loan early without penalty. Any prepayment will be applied first to interest and then to the principal.

**7. Governing Law**  
This Promissory Note shall be governed by the laws of [State Name].

**8. Execution**  
IN WITNESS WHEREOF, the Borrower and Lender have executed this Promissory Note as of the date above.

**Borrower's Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lender's Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_