FINAL NOTICE OF POLICY CANCELLATION

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Subject: Final Notice of Cancellation for Non-Payment

Dear [Policyholder Name],

This is a formal notification that your health insurance coverage with [Insurance Company Name] will be cancelled effective [Cancellation Date] due to non-payment of premiums.

Despite previous notices, we have not received the outstanding balance required to keep your policy active. To prevent the termination of your coverage, we must receive a payment of **$[Total Amount Due]** by **[Payment Deadline Date]**.

Important Consequences of Cancellation:

- You will no longer have health insurance coverage as of [Cancellation Date].
- Any claims for medical services provided after this date will be denied.
- You may be responsible for the full cost of your medical expenses.
- You may lose the ability to re-enroll until the next Open Enrollment period.

If you have already sent your payment, please disregard this notice. If you believe this notice is in error, please contact our Billing Department immediately at [Phone Number].

You may pay your balance online at [Website URL] or by calling [Phone Number].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]