

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: URGENT: Action Required - Credit Card Expired / Payment Failure**

Dear [Policyholder Name],

We are writing to inform you that your health insurance premium payment for Policy Number [Policy Number] was unsuccessful because the credit card we have on file has expired.

**Your coverage is at risk of cancellation.** To prevent a lapse in your health insurance benefits, you must update your payment information and settle the outstanding balance of \$[Amount Due] by [Due Date].

Please follow these steps immediately to update your account:

- Log in to your member portal at [Website URL].
- Navigate to the "Billing" or "Payment Methods" section.
- Enter your new credit card details and confirm payment.

Alternatively, you may call our billing department at [Phone Number] between [Hours of Operation] to update your information over the phone.

If payment is not received by [Grace Period End Date], your policy will be terminated, and you may lose access to your medical benefits and provider network.

If you have already updated your information or made this payment, please disregard this notice.

Sincerely,

[Company Name]

[Billing Department]

[Contact Information]