

[Your Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: Reminder - Upcoming Health Insurance Premium Payment

Dear [Policyholder Name],

This is a friendly reminder that your health insurance premium payment is due soon. To ensure your coverage remains active without interruption, please submit your payment by the due date listed below.

Policy Details:

- **Policy Number:** [Policy Number]
- **Plan Type:** [Plan Name]
- **Premium Amount Due:** \$[Amount]
- **Due Date:** [Date]

Payment Options:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our automated payment line at [Phone Number].
- **Mail:** Send a check or money order to the address listed at the top of this letter. Please include your policy number on the check.

If you have already made this payment, please disregard this notice. If you have questions regarding your policy or need assistance with payment options, please contact our customer service team at [Support Phone Number].

Thank you for choosing [Your Company Name] for your healthcare needs.

Sincerely,

[Your Name/Department]
[Your Company Name]