

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

[Date]

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

Subject: Monthly Health Insurance Premium Reminder

Dear [Member Name],

This is a friendly reminder regarding your monthly health insurance premium for the upcoming coverage period.

Account Details:

- **Policy Number:** [Policy Number]
- **Invoice Number:** [Invoice Number]
- **Due Date:** [Date]
- **Total Amount Due:** \$[Amount]

To ensure your coverage remains active and uninterrupted, please submit your payment by the due date listed above. If you have already made your payment, please disregard this notice.

Payment Options:

- **Online:** Log in to your portal 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.

If you have any questions or require assistance with your payment, please contact our Customer Service Department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Department]
[Company Name]