

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

[Date]

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

**Subject: NOTICE OF OVERDUE HEALTH INSURANCE PREMIUM**

Dear [Member Name],

This letter is to inform you that we have not received your health insurance premium payment for the month of [Month, Year].

**Account Information:**

- **Policy Number:** [Policy Number]
- **Past Due Amount:** \$[Amount]
- **Due Date:** [Original Due Date]

Please submit your payment immediately to ensure that your health coverage remains active. Failure to pay the outstanding balance by [Termination Date] may result in the suspension or cancellation of your insurance benefits.

**Ways to Pay:**

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **Phone:** Call [Phone Number] to pay through our automated system.
- **Mail:** Send a check or money order to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or believe this notice is in error, please contact our Member Services department at [Phone Number] as soon as possible.

Sincerely,

[Sender Name/Department]  
[Company Name]