

Date: [Insert Date]

Subject: FINAL NOTICE: Urgent Reminder of Past Due Health Insurance Premium

Dear [Policyholder Name],

This is a final reminder that we have not yet received the premium payment for your health insurance policy, number [Policy Number].

Your account is currently in its final grace period. To maintain your coverage and avoid the cancellation of your benefits, your payment must be received by **[Cancellation Date]**.

Payment Details:

- **Amount Due:** \$[Total Amount Due]
- **Original Due Date:** [Original Due Date]
- **Grace Period Expiration:** [Expiration Date]

If payment is not received by the deadline mentioned above, your health insurance coverage will be terminated effective [Termination Date]. Please note that if your policy is cancelled, you may be responsible for the full cost of any medical services received after the termination date.

How to Pay:

- **Online:** Visit [Website URL] to pay via portal.
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check to [Mailing Address].

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact us immediately to discuss potential payment options.

Sincerely,

[Sender Name/Company Name]

[Department Name]

[Contact Information]