

[Date]

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

Member ID: [ID Number]

Subject: Reminder - Your Monthly Medicare Plan Premium is Due

Dear [Member Name],

This is a friendly reminder regarding your monthly premium for your [Plan Name] coverage. To ensure your healthcare benefits remain active and uninterrupted, please submit your payment by the due date listed below.

Payment Summary:

- Current Amount Due: \$[Amount]
- Due Date: [Date]
- Billing Period: [Month/Year]

How to Pay:

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **By Mail:** Send a check or money order using the enclosed envelope.
- **By Phone:** Call our automated payment line at [Phone Number].
- **Automatic Deduction:** Sign up for Social Security withholding or Autopay to avoid missing future payments.

If you have already made your payment, please disregard this notice. If you are having difficulty making your payment, please contact our Member Services department at [Customer Service Number] (TTY: [TTY Number]) to discuss available options.

Thank you for being a valued member of our plan.

Sincerely,

[Plan Name] Billing Department
[Organization Name]