

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Urgent: Health Insurance Premium Payment Reminder

Dear [Policyholder Name],

This is a friendly reminder that your health insurance premium for policy number **[Policy Number]** is currently due.

To ensure your coverage remains active and to avoid a late fee of **[\$[Late Fee Amount]**, please submit your payment by **[Due Date]**.

Payment Details:

- **Amount Due:** **[\$[Amount]**
- **Due Date:** **[Date]**

You can make your payment through the following methods:

- Online at **[Website URL]**
- By phone at **[Phone Number]**
- By mail using the enclosed envelope

If you have already sent your payment, please disregard this notice.

If you have any questions or are experiencing difficulties making your payment, please contact our billing department immediately at **[Customer Service Phone Number]**.

Sincerely,

[Your Name/Department]

[Insurance Company Name]