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

[Date]

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

Re: Partial Payment Received - Balance Remaining
Policy Number: [Policy Number]

Dear [Policyholder Name],

Thank you for your recent payment of $[Amount Paid] received on [Date].

We are writing to inform you that this amount only partially covers the total premium due for the current billing cycle. As of today, there is a remaining balance of **$[Remaining Balance]**.

To ensure that your insurance coverage remains active and to avoid any potential lapse in protection, please remit the outstanding balance by **[Due Date]**.

You can make your payment through the following methods:

- Online at: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check to the address listed at the top of this letter.

If you have already sent the remaining balance, please disregard this notice. If you have any questions or are experiencing financial hardship, please contact our customer service team to discuss available payment options.

Sincerely,

[Your Name/Department]
[Your Company Name]