[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: Acknowledgement of Partial Payment and Notice of Outstanding Balance

Dear [Policyholder Name],

We are writing to acknowledge receipt of your recent payment in the amount of $[Amount Paid], received on [Date]. This payment has been applied to your policy number [Policy Number].

Please be advised that this amount only partially covers the total premium due for the current billing cycle. Our records indicate that an outstanding balance remains on your account as detailed below:

- Total Premium Due: $[Total Amount]
- Partial Payment Received: $[Amount Paid]
- **Remaining Balance: $[Remaining Amount]**
- **Due Date for Balance: [Due Date]**

To ensure that your insurance coverage remains active and to avoid any potential lapse or cancellation of your policy, please remit the remaining balance by the due date mentioned above.

You may submit your payment through the following methods:

- Online via our website: [Website URL]
- By phone: [Phone Number]
- By mail using the enclosed envelope

If you have already sent the remaining payment or if you have any questions regarding your statement, please contact our billing department at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]