Date: [Insert Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Acknowledgment of Partial Payment - Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We are writing to acknowledge receipt of your recent payment in the amount of $[Amount Paid], received on [Date Received]. This payment has been applied to your premium for the period of [Insurance Period].

Please be advised that this payment does not cover the full premium amount due. Our records show a remaining balance as follows:

- Total Premium Due: $[Total Amount]
- Amount Received: $[Amount Paid]
- **Remaining Balance: $[Balance Amount]**

To ensure that your insurance coverage remains active and uninterrupted, please remit the remaining balance of $[Balance Amount] by [Due Date].

You may make your payment through the following methods:

- Online via our website: [Insert Website URL]
- By phone: [Insert Phone Number]
- By mail to the address listed on your billing statement

If you have already sent the remaining balance, please disregard this notice. If you have any questions or are experiencing difficulties making the payment, please contact our customer service department immediately at [Customer Service Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Sender/Department]
[Company Name]