[Date]

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

Subject: Notice of Partial Payment and Outstanding Premium Balance

Dear [Policyholder Name],

This letter is to acknowledge receipt of your payment in the amount of $[Amount Paid] received on [Date]. We have applied this amount to your insurance policy number: **[Policy Number]**.

Please be advised that this payment does not cover the total premium due for the current billing period. Our records indicate that there is an outstanding balance remaining on your account.

Account Summary:

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

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

You may make your payment through our online portal, by mail, or by calling our customer service department at [Phone Number].

If you have already sent the remaining payment, please disregard this notice. If you have any questions regarding your balance, please contact us immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]