[Current Date]

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

Subject: Notice of Outstanding Premium Balance - Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to acknowledge receipt of your recent payment of $[Amount Paid] received on [Date]. Thank you for this partial payment toward your insurance premium.

According to our records, there is still an outstanding balance of **$[Remaining Balance]** due for the period of [Coverage Period].

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

You can make your payment through the following methods:

- Online via our portal: [Website URL]
- By phone: [Phone Number]
- By mail: [Mailing Address for Payments]

If you have already sent the remaining payment, please disregard this notice. If you have any questions regarding your balance or if you are experiencing financial difficulties, please contact our billing department at [Contact Number] to discuss available payment options.

Thank you for your prompt attention to this matter and for choosing [Company Name].

Sincerely,

[Your Name/Department]
[Company Name]