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

[Date]

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

Re: First Notice of Outstanding Deductible Recovery

Claim Number: [Claim Number]
Date of Loss: [Date of Loss]
Policy Number: [Policy Number]

Dear [Recipient Name],

Our records indicate that there is an outstanding deductible balance of $[Amount] regarding the insurance claim mentioned above.

As part of the recovery process, we are requesting payment for this deductible. This amount represents the portion of the loss for which you are responsible under the terms of your insurance policy.

Please submit your payment by [Due Date] using one of the following methods:

- **Online:** [Link to Payment Portal]
- **By Mail:** Please make checks payable to [Company Name] and mail to the address listed at the top of this letter.
- **By Phone:** Call [Phone Number] to pay via credit card or electronic check.

If you have already sent your payment, please disregard this notice. If you have any questions or believe this notice was sent in error, please contact our billing department at [Phone Number] during regular business hours.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Your Company Name]