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

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

RE: SECOND NOTICE - Outstanding Deductible Recovery
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]
Amount Due: $[Amount Due]

Dear [Recipient Name],

We are writing to follow up on our previous notice sent on [Date of First Letter] regarding the recovery of your deductible for the above-referenced claim. As of today, we have not received your payment or a response regarding this balance.

As previously stated, our subrogation efforts against the at-fault party have been successful. However, to complete the recovery process and reimburse the total claim costs, your portion of the deductible in the amount of $[Amount Due] remains outstanding.

Please submit your payment immediately via one of the following methods:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** Please make checks payable to [Company Name] and include your claim number on the memo line.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship and wish to discuss a payment plan, please contact our billing department at [Phone Number] as soon as possible.

Failure to resolve this balance may result in further collection actions. We look forward to receiving your payment promptly.

Sincerely,

[Your Name/Department]
[Your Title]
[Company Name]