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

[Date]

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

RE: PAST DUE NOTICE - Deductible Recovery Payment

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Amount Past Due: $[Amount]

Dear [Recipient Name],

Our records indicate that we have not yet received your deductible payment regarding the insurance claim referenced above. This payment was due on [Original Due Date] and is now [Number] days past due.

The deductible is the portion of the covered loss that is your responsibility under the terms of your insurance policy. As we have already processed the claim and fulfilled our obligations, this outstanding balance must be settled immediately.

Payment Options:

- **Online:** Visit [Website URL] and enter your claim number.
- **By Phone:** Call our billing department at [Phone Number].
- **By Mail:** Send a check or money order payable to "[Company Name]" to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding this balance, please contact us at [Phone Number] so we can discuss potential payment arrangements.

Failure to remit payment may result in further collection actions as permitted by law.

Sincerely,

[Your Name/Department Name]
[Company Name]