[Company Header/Logo]

[Date]

[Insured Name]
[Attention: Accounts Payable/Risk Manager]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Outstanding Deductible Payment

Policy Number: [Policy Number]
Claim Number: [Claim Number]
Date of Loss: [Date of Loss]
Amount Due: $[Amount]

Dear [Contact Name],

This letter serves as a formal request for the payment of the outstanding deductible related to the above-referenced insurance claim. According to our records, the total deductible amount of $[Amount] remains unpaid.

Per the terms of your Commercial Insurance Policy, the deductible is the portion of the covered loss for which the insured is responsible. Our records indicate that [Insurance Company Name] has finalized the settlement of this claim and has issued payment to the claimant or for repairs in excess of your deductible.

Please remit payment in full by [Due Date] to ensure your account remains in good standing. You may submit your payment via one of the following methods:

- **Check:** Payable to [Company Name] at [Mailing Address].
- **Online Portal:** [URL for Payment Portal]
- **Phone:** [Phone Number for Billing Department]

If you have already sent your payment, please disregard this notice. If you believe this balance is in error or if you wish to discuss a payment arrangement, please contact our Recovery Department at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]