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

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

**RE: Notice of Outstanding Deductible Payment**

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Property Address: [Subject Property Address]
Date of Loss: [Date of Incident]

Dear [Policyholder Name],

We are writing to you regarding the insurance claim referenced above. According to our records, the repairs for your property damage have been completed; however, the mandatory insurance deductible remains unpaid.

Per the terms of your insurance policy, the deductible is the portion of the claim for which the policyholder is financially responsible. Our records indicate that the following amount is currently outstanding:

**Total Deductible Amount Due: $[Amount]**

Please remit payment within [Number] days of the date of this letter. Payments can be made via the following methods:

- [Payment Method 1: e.g., Online Portal Link]
- [Payment Method 2: e.g., Check payable to...]
- [Payment Method 3: e.g., Phone number for credit card]

If you have already sent your payment, please disregard this notice. If you believe this letter was sent in error, or if you are experiencing financial hardship and need to discuss a payment plan, please contact our recovery department immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name]
[Title/Department]