

# Health Plan Premium Due Notification

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder that your health plan premium payment is due on [Due Date]. To ensure continuous coverage and access to our services, please make your payment by the due date.

Here are the details of your premium:

- Plan Name: [Plan Name]
- Premium Amount: [Amount]
- Payment Due Date: [Due Date]

You can make your payment through the following methods:

- Online at [Website]
- By phone at [Phone Number]
- By mailing a check to [Address]

If you have already made your payment, please disregard this notice. If you have any questions or need assistance, feel free to contact us at [Customer Service Number].

Thank you for being a valued member of our health plan.

Sincerely,

[Your Name]  
[Your Position]  
[Company Name]  
[Contact Information]