

Medical Insurance Premium Reminder

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder that your medical insurance premium is due on [Due Date].

Policy Number: [Policy Number]

Premium Amount: [Amount Due]

Please ensure that the payment is made by the due date to avoid any disruption in your coverage. You can make the payment through [Payment Methods].

If you have any questions or need assistance, feel free to contact our office at [Contact Information].

Thank you for choosing [Insurance Company Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]