

Patient Health Insurance Premium Update

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Patient Name],

We are writing to inform you of an important update regarding your health insurance premium. Effective [Insert Effective Date], your monthly premium will be updated to [Insert New Premium Amount].

This change is due to [insert reason for premium change if applicable]. We understand that changes in your premium may impact your financial planning, and we are here to assist you with any questions or concerns.

Please feel free to reach out to our customer service at [Insert Contact Information] or visit our website at [Insert Website URL].

Thank you for your understanding.

Sincerely,

[Your Company Name]

[Your Title]

[Your Company Contact Information]