

# Healthcare Policy Renewal Summary

Date: [Insert Date]

To: [Recipient Name]

From: [Your Name]

Subject: Renewal Summary of Your Healthcare Policy

## Policy Details

**Policy Number:** [Insert Policy Number]

**Insured Name:** [Insert Insured Name]

**Coverage Type:** [Insert Coverage Type]

**Coverage Start Date:** [Insert Start Date]

**Coverage End Date:** [Insert End Date]

## Renewal Information

Your healthcare policy is due for renewal on **[Insert Renewal Due Date]**. Below are the key points regarding the renewal:

- **Premium Amount:** [Insert Premium Amount]
- **Deductible:** [Insert Deductible Amount]
- **Coverage Changes:** [Insert Any Changes to Coverage]
- **Next Steps:** [Insert Instructions for Renewal]

## Contact Information

If you have any questions or need assistance, please do not hesitate to contact us at:

**Email:** [Insert Email]

**Phone:** [Insert Phone Number]

Thank you for trusting us with your healthcare needs. We look forward to continuing to serve you.

Best Regards,

[Your Name]  
[Your Title]  
[Your Organization]