

Patient Insurance Premium Update

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you of an update regarding your insurance premium with [Insurance Company Name].

Your current insurance premium will be updated starting [Effective Date]. The new premium amount will be [New Premium Amount]. This change is due to [Reason for Update].

If you have any questions or require further information, please do not hesitate to contact our office at [Contact Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[Healthcare Provider's Phone Number]

[Healthcare Provider's Email Address]