

Family Health Premium Summary

Date: [Insert Date]

Dear [Family Name],

We hope this message finds you well. As part of our commitment to providing quality health services to our members, we are reaching out to remind you of the outstanding health premium associated with your family's health coverage.

Premium Summary

Family Member	Premium Amount	Due Date
[Member 1 Name]	[Amount]	[Due Date]
[Member 2 Name]	[Amount]	[Due Date]

The total outstanding premium is: **[Total Amount]**

Kindly ensure that the payment is made by the due date to avoid any disruption in your health coverage. Payments can be made via [Payment Methods].

If you have any questions or require further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter. We appreciate your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]