

# Insurance Premium Payment Dispute

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Department/Recipient's Name],

I am writing to formally dispute the premium payment recorded for my insurance policy [Policy Number] with your company.

On [Insert Date], I made a payment of [Insert Amount] towards my insurance premium. However, I noticed that this payment has not been reflected in my account, and I have received a notice indicating that my policy is at risk due to non-payment.

Attached are copies of payment confirmation and any correspondence related to this matter for your reference.

I kindly request that you investigate this issue promptly and update my account to reflect the payment made. If further action is required on my part, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]