

# Health Insurance Premium Follow-Up Notification

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. This is a friendly reminder regarding the outstanding payment for your health insurance premium for the policy number [Insert Policy Number].

As of today, our records indicate that the payment due date was [Insert Due Date] and the outstanding amount is [Insert Amount]. Timely payment is crucial to ensure continuous coverage of your health insurance benefits.

Please make the payment by [Insert New Due Date] to avoid any lapses in your coverage. You can make the payment through our online portal, by mail, or by visiting one of our local branches.

If you have already made the payment, please disregard this notice. If you have any questions or need assistance, feel free to contact our customer service team at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]