

Health Insurance Premium Payment Due Notice

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We hope this message finds you well. This is a friendly reminder that your health insurance premium payment is due on [Insert Due Date].

Policy Number: [Insert Policy Number]

Amount Due: [Insert Amount Due]

Please ensure that your payment is made by the due date to avoid any lapse in your coverage. You can make your payment through our online portal, by mail, or by visiting any of our local offices.

If you have any questions or need assistance, feel free to contact our customer service at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Job Title]

[Insurance Company Name]

[Contact Information]