

# Overdue Health Insurance Premium Notification

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. This is a reminder that your health insurance premium payment due on [Insert Due Date] has not yet been received.

Your current premium amount is [Insert Amount]. Please make the payment by [Insert New Due Date] to avoid any interruption in your coverage.

For your convenience, payment can be made through our website or by contacting our customer service team at [Insert Contact Information].

If you have already made this payment, please disregard this notice.

Thank you for your attention to this matter.

Sincerely,

[Your Company Name]

[Your Company Address]

[Your Company Phone Number]