

Past Due Health Insurance Premium Notice

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, ZIP Code]

Dear [Recipient Name],

We hope this message finds you well. We are writing to inform you that your health insurance premium payment for policy number [Policy Number] is past due. As of [Due Date], we have not received your payment of [Amount Due].

To ensure that your coverage remains active and to avoid any interruptions in your benefits, we kindly request that you remit your payment by [New Due Date]. You can make your payment through the following methods:

- Online via our website
- By phone at [Phone Number]
- By mail to [Company Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have any questions regarding your account, do not hesitate to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your attention to this matter, and we appreciate your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]