

Health Insurance Premium Payment Reminder

Dear [Policyholder's Name],

This is a friendly reminder that your health insurance premium payment for policy number [Policy Number] is due on [Due Date].

To ensure continued coverage and avoid any disruptions in your benefits, please make your payment by the due date.

You can make your payment through our online portal or by contacting our customer service at [Customer Service Phone Number].

Thank you for choosing [Insurance Company Name] for your health insurance needs.

Best regards,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]