

URGENT NOTICE

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. This is a reminder that your health insurance premium payment for policy number [Insert Policy Number] is now due.

To ensure uninterrupted coverage and access to our services, please make the payment of [Insert Amount] by [Insert Due Date]. Failure to do so may result in a lapse of coverage.

You can make your payment through the following methods:

- Online through our website
- Via bank transfer to [Insert Bank Details]
- In-person at any of our branch offices

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

Thank you for your immediate attention to this important matter.

Sincerely,

[Your Company Name]

[Your Company Contact Information]