

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notice of Missed Appointment

Dear [Patient Name],

This letter is to inform you that you missed your scheduled appointment with [Clinic Name] on [Date of Appointment] at [Time]. We missed seeing you and hope that everything is well.

We understand that emergencies occur; however, we would like to take this opportunity to remind you of our No-Show Policy:

- Patients are required to provide at least [Number of Hours] hours' notice for cancellations or rescheduling.
- Failure to provide notice or missing an appointment may result in a "No-Show" fee of \$[Amount].
- Repeated missed appointments may result in discharge from our medical practice.

Because you did not notify us in advance of your absence, [a fee has been applied to your account / we have recorded this instance in your file].

Please contact our office at [Phone Number] as soon as possible to reschedule your appointment or to discuss any circumstances regarding your absence.

Thank you for your cooperation and for choosing [Clinic Name] for your healthcare needs.

Sincerely,

[Staff Name/Department]

[Clinic Name]

[Phone Number]