[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Second Missed Appointment Notification

Dear [Patient Name],

Our records show that you missed your scheduled appointment on [Date] at [Time] without providing prior notice. This is the second time an appointment has been missed within a [Number] month period.

We understand that emergencies occur; however, missed appointments prevent other patients from receiving necessary care. As a reminder, our office policy requires a notice of [Number] hours for any cancellation or rescheduling.

Please be advised of the following:

- A "No-Show" fee of $[Amount] has been applied to your account.
- Future missed appointments may result in a discharge from our practice.

Please contact us at [Phone Number] to settle your balance and reschedule your visit. We value your health and look forward to continuing your care.

Sincerely,

[Provider/Manager Name]
[Practice Name]