Subject: Important: Second Missed Appointment Notice

Dear [Patient Name],

Our records indicate 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.

As per our clinic policy, which was provided to you during your initial visit, please be advised of the following:

- A "No-Show" fee of $[Amount] has been applied to your account.
- This fee must be paid before or at the time of your next visit.
- Insurance providers do not cover fees for missed appointments.

We understand that emergencies occur; however, missed appointments prevent other patients from receiving necessary care. We require at least [Number] hours' notice for all cancellations.

Please note that a third missed appointment may result in your discharge from our practice.

If you have any questions or need to reschedule, please call our office at [Phone Number] as soon as possible.

Sincerely,

[Clinic Name]
[Phone Number]
[Website]