[Current Date]

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

Dear [Patient Name],

Our records indicate that you had an appointment scheduled on [Date of Appointment] at [Time] with [Provider Name]. We missed seeing you, and we did not receive a cancellation notice from you regarding this visit.

We understand that emergencies and unforeseen circumstances arise. However, please be advised that our office policy requires [Number] hours notice for cancellations. This allows us to offer the time slot to other patients who may need medical care.

As a result of this missed appointment:

- A "No-Show" fee of $[Amount] has been applied to your account.
- This fee must be paid prior to or at the time of your next visit.

Please contact our office at [Phone Number] to reschedule your appointment or to discuss this matter. If you have already rescheduled, please disregard this notice.

Consistent attendance is important for your ongoing health and treatment plan. We look forward to seeing you soon.

Sincerely,

[Practice Name]
[Office Manager/Provider Name]
[Phone Number]