[Date]

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

Re: SECOND NOTICE - Missed Virtual Appointment

Dear [Patient/Client Name],

This letter is to inform you that you missed your second scheduled virtual appointment on [Date] at [Time] with [Provider Name]. Our records show that you did not log in to the secure video link, nor did you provide notice to cancel or reschedule.

As mentioned in our previous correspondence and our signed office policy, regular attendance is vital for the success of your [Treatment/Service]. Missing appointments without notice prevents other patients from receiving care during that time slot.

Please be advised of the following:

- A "No-Show" fee of $[Amount] has been charged to your account.
- This fee must be paid before your next appointment can be scheduled.
- Repeated no-shows may result in the termination of our professional relationship and discharge from this practice.

If there were technical issues or an emergency that prevented you from attending, please contact our office immediately at [Phone Number] or [Email Address] so we can update your file.

We value you as a client and want to ensure you continue to receive the care you need. Please contact us by [Date] to discuss your scheduling needs and settle any outstanding balances.

Sincerely,

[Your Name/Practice Name]
[Title]
[Phone Number]