[Date]

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

Re: Missed Virtual Appointment on [Date of Appointment]

Dear [Patient Name],

This letter is to inform you that our records indicate you missed your scheduled virtual clinic appointment on [Date] at [Time].

We understand that unexpected circumstances may arise; however, our policy requires notification for cancellations at least [Number] hours in advance. This ensures that we can offer the appointment time to other patients in need of care.

As a result of this missed visit, a "No-Show" fee of $[Amount] has been assessed to your account. This fee is not covered by insurance and is the responsibility of the patient.

Next Steps:

- To pay this fee, please visit our online portal at [URL] or call our billing department at [Phone Number].
- To reschedule your appointment, please contact our scheduling office at [Phone Number] or book online.

Please note that repeated missed appointments may result in a review of your status as a patient at this clinic.

If you believe this letter has been sent in error, or if you experienced technical difficulties that prevented you from joining the virtual session, please contact us immediately.

Sincerely,

[Your Name/Department]
[Clinic Name]
[Contact Information]