[Date]

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

Re: Missed Appointment for [Type of Imaging - e.g., MRI, CT Scan]

Dear [Patient Name],

This letter is to inform you that our records show you did not attend your scheduled diagnostic imaging appointment on [Date of Appointment] at [Time]. Additionally, we did not receive a cancellation notice within our required [Number of Hours] hour timeframe.

Because this time slot was reserved exclusively for you and prevents other patients from receiving care, a no-show fee of $[Amount] has been applied to your account. This fee is not covered by insurance and is the responsibility of the patient.

Please find the enclosed invoice for this charge. You may pay this balance by [Payment Methods - e.g., phone, online portal, or mail].

We understand that emergencies occur. If there were extenuating circumstances regarding your absence, please contact our billing department at [Phone Number] to discuss your account.

If you would like to reschedule your imaging procedure, please call our scheduling desk at [Phone Number].

Sincerely,

[Name of Practice/Facility]
[Department Name]
[Contact Information]