[Date]

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

Subject: SECOND REMINDER: Missed Appointment for Chronic Care Management

Dear [Patient Name],

We are contacting you because we missed you for your follow-up appointment on [Date] at [Time]. This is our second attempt to reach you regarding this missed visit.

Regular monitoring is a vital part of managing your [Specific Condition, e.g., Diabetes/Hypertension]. Missing these appointments can lead to complications or changes in your health that may go undetected. Our goal is to work with you to ensure your treatment plan remains effective.

Please call our office at [Phone Number] as soon as possible to reschedule. If you are experiencing any barriers to making your appointments, such as transportation issues or scheduling conflicts, please let us know so we can assist you.

If you have already rescheduled or seen your provider recently, please disregard this notice.

We look forward to hearing from you and continuing your care.

Sincerely,

[Provider/Clinic Name]
[Clinic Phone Number]
[Clinic Website]