Date: [Current Date]

Patient Name: [Patient Name]
Patient ID: [Patient ID]
Address: [Patient Address]

Subject: FINAL NOTICE: Repeated Missed Appointments for Chronic Care Management

Dear [Patient Name],

This letter is to formally notify you that you have missed your scheduled appointment on [Date of Last Missed Appointment] for the management of your chronic condition(s). Our records indicate that this is your [Number] missed appointment without prior cancellation or notification.

Consistent monitoring and treatment are essential to managing your health and preventing serious complications. Because your condition requires regular medical supervision, frequent absences hinder our ability to provide the necessary level of care.

This is your final warning. Due to the repeated nature of these missed appointments, we must inform you of the following:

- **Potential Discharge:** Further missed appointments may result in your dismissal from our practice.
- **Health Risks:** Failure to attend chronic care visits can lead to a decline in your health status and medication mismanagement.
- **Policy Compliance:** You are required to provide at least [Number] hours notice if you need to reschedule.

Please contact our office immediately at [Phone Number] to reschedule this appointment and to discuss how we can help you stay on track with your treatment plan. We value your health and wish to continue providing your care, but we require your commitment to attend scheduled visits.

Sincerely,

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