[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: First Notice of Surgical Procedure No-Show and Fee Assessment

Dear [Patient Name],

This letter is to inform you that our records indicate you did not attend your scheduled surgical procedure on [Date of Surgery] at [Time of Surgery]. We did not receive a cancellation notice within the required timeframe of [Number] hours/days.

Scheduling a surgery requires significant preparation by our surgical team, the facility, and the anesthesia staff. When a patient misses a scheduled surgery without prior notice, it prevents us from providing care to other patients who may be waiting for treatment.

As per our signed financial policy, a no-show fee of $[Amount] has been assessed to your account. This fee is not covered by insurance and is your responsibility to pay.

Account Summary:
Fee Description: Surgical No-Show Fee
Amount Due: $[Amount]
Due Date: [Date]

If you believe this notice has been sent in error, or if there were extenuating circumstances regarding your absence, please contact our office manager at [Phone Number] as soon as possible. If you wish to reschedule your procedure, you will be required to pay the outstanding fee and may be subject to a scheduling deposit.

We value you as a patient and wish to continue your care. Please contact us to resolve this matter.

Sincerely,

[Sender Name/Office Manager]
[Practice Name]