[Date]

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

Re: Denial of Fee Waiver Request - Surgical Procedure No-Show

Dear [Patient Name],

We have received and reviewed your request to waive the no-show fee associated with your scheduled surgical procedure on [Date of Appointment].

After careful consideration of the circumstances provided, we regret to inform you that your request for a waiver has been denied. Our records indicate that the appointment was missed without providing the required [Number of Hours/Days] notice as outlined in our office policy.

Surgical appointments require significant preparation, including the coordination of medical staff, specialized equipment, and operating room availability. When a patient fails to arrive, these resources remain idle and other patients are unable to receive care during that time.

The fee of $[Amount] remains due on your account. Please submit payment by [Due Date] via our online portal, by mail, or by calling our billing department at [Phone Number].

If you have any further questions regarding this decision or wish to reschedule your procedure, please contact our office at [Phone Number].

Sincerely,

[Name of Practice Representative]
[Title]
[Name of Medical Practice]