[Date]

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

Subject: Approval of Surgical No-Show Fee Waiver

Dear [Patient Name],

We are writing to inform you that your request to waive the no-show fee for your scheduled surgical procedure on [Original Date of Surgery] has been approved.

We understand that unexpected circumstances may arise. After reviewing your account and the information provided, we have removed the charge of $[Amount] from your statement. Your current balance regarding this specific fee is now $0.00.

Please be advised that our standard policy remains in effect for future appointments. We require at least [Number of Hours] hours' notice for any cancellations or rescheduling to avoid similar charges in the future. This allows us to offer the surgical slot to other patients in need of care.

If you have not already done so, please contact our scheduling department at [Phone Number] to reschedule your procedure.

Sincerely,

[Sender Name]
[Title]
[Facility Name]