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

[Date]

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

Re: Missed Minor Surgical Procedure Appointment

Dear [Patient Name],

This letter is regarding the minor surgical procedure you were scheduled to undergo on [Date of Appointment] at [Time]. Our records indicate that you did not attend this appointment and did not provide the required [Number] hours of advance notice to cancel or reschedule.

Appointments for surgical procedures require significant preparation, including the reservation of clinical space, specialized equipment, and dedicated staffing. When an appointment is missed without notice, these resources remain unused, and other patients waiting for procedures are unable to be seen.

As per our signed financial and attendance policy, a missed procedure fee of $[Amount] has been assessed to your account. Please note that insurance companies do not cover fees for missed appointments; therefore, this balance is your personal responsibility.

Action Required:

- Please remit payment for the balance of $[Amount] by [Due Date].
- To reschedule your procedure, please contact our office at [Phone Number].

If you believe this fee has been assessed in error, or if there were extreme extenuating circumstances regarding your absence, please contact our billing department immediately.

Thank you for your cooperation and for choosing [Practice Name] for your healthcare needs.

Sincerely,

[Name/Signature]
[Title/Office Position]
[Practice Name]