Date: [Insert Date]

Patient Name: [Insert Patient Name]
Patient ID/DOB: [Insert ID or Date of Birth]
Address: [Insert Patient Address]

Subject: Notification of Unscheduled Surgical Absence and Financial Assessment

Dear [Insert Patient Name],

This letter is to formally notify you that our records indicate you did not attend your scheduled surgical procedure on [Insert Date of Surgery] at [Insert Time]. We have no record of a prior cancellation or notification regarding your absence.

The operating room, surgical staff, and anesthesia team were reserved exclusively for your care. As a result of this unnotified absence, we have conducted a financial assessment regarding the lost clinical time and resources.

Financial Summary:

- **Missed Procedure Fee:** [Insert Amount]
- **Administrative Processing Fee:** [Insert Amount]
- **Total Balance Due:** [Insert Total Amount]

Please be advised that this fee must be settled by [Insert Due Date]. Failure to provide notice for missed surgeries may also impact your ability to reschedule future elective procedures at this facility.

If you believe this absence was due to an emergency or if you have already provided notice that was not recorded, please contact our Billing Department at [Insert Phone Number] or [Insert Email Address] within [Insert Number] days to provide documentation for an appeal.

To reschedule your surgery, please contact the surgical coordination office at [Insert Phone Number].

Sincerely,

[Insert Name/Department]
[Insert Facility Name]
[Insert Contact Information]