

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Missed Workers' Compensation Appointment

Dear [Patient Name],

This letter is to inform you that you did not attend your scheduled initial workers' compensation medical evaluation on [Date of Appointment] at [Time].

As this appointment is related to an active workers' compensation claim, it is important that you attend all scheduled exams to ensure you receive the necessary medical care and to maintain your benefit eligibility.

We have notified your employer, [Employer Name], and the insurance carrier, [Insurance Company Name], of this missed appointment.

Please contact our office immediately at [Phone Number] to reschedule this evaluation. If you believe you have received this letter in error, please let us know as soon as possible.

Sincerely,

[Staff Name/Department]

[Facility Name]

cc: [Employer Name]

cc: [Insurance Adjuster Name/Case Manager]