

DATE: [Insert Date]

TO: [Employee Name]

CLAIM NUMBER: [Insert Claim Number]

DATE OF INCIDENT: [Insert Date of Injury]

RE: SECOND NOTICE OF MISSED MEDICAL APPOINTMENT

Dear [Employee Name],

This letter is to inform you that we have received notification that you failed to attend your scheduled medical appointment with [Physician/Clinic Name] on [Date] at [Time]. This is the second consecutive appointment you have missed regarding your Workers' Compensation claim.

Consistency in medical treatment is a requirement for your recovery and the processing of your claim. Please be advised that repeated failure to attend scheduled evaluations or treatment sessions may result in the following:

- Suspension or denial of temporary disability indemnity benefits.
- Delay in the adjudication of your claim.
- Potential closure of your Workers' Compensation file.

If there was an emergency that prevented your attendance, you must provide documentation immediately. Please contact your Claims Examiner, [Adjuster Name], at [Phone Number] within [Number] hours to discuss your status and reschedule this appointment.

We look forward to your immediate cooperation in this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

cc: [Insurance Carrier/Adjuster Name]

[Legal Counsel, if applicable]