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[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

RE: FINAL NOTICE - Failure to Attend Medical Examination

Dear [Employee Name],

This letter serves as formal notification that you failed to attend your scheduled workers' compensation medical appointment on [Date] at [Time] with [Doctor/Clinic Name].

Our records indicate that this is the [Number] missed appointment. Despite previous notifications regarding your obligations under the Workers' Compensation Act, you have failed to comply with the required medical evaluation process.

Please be advised that your failure to attend this final scheduled appointment may result in the following actions:

- Suspension or termination of your workers' compensation indemnity benefits.
- Denial of further medical treatment coverage for this claim.
- Formal petition to the Workers' Compensation Board to suspend your claim.

If you have a valid reason for this absence, you must provide written documentation to [Adjuster/Manager Name] at [Phone Number/Email] within [Number] business days of receiving this letter.

We expect your immediate cooperation in this matter to avoid any disruption to your benefits.

Sincerely,

[Your Name]

[Your Title]

[Company Name/Insurance Carrier]

cc: [Legal Counsel]

[Claims Adjuster]