

**Date:** [Date]

**To:** [Employer Name / HR Department]

**Company:** [Company Name]

**Address:** [Company Address]

**RE: Notice of Missed Medical Appointment**

**Employee Name:** [Employee Full Name]

**Date of Birth:** [Employee DOB]

**Claim Number:** [Workers Comp Claim Number]

**Date of Injury:** [Date of Injury]

Dear [Contact Name],

This letter is to formally notify you that the above-named employee failed to attend their scheduled medical appointment regarding their workers' compensation claim.

**Appointment Details:**

Facility: [Clinic/Doctor Name]

Scheduled Date: [Date of Appointment]

Scheduled Time: [Time of Appointment]

The employee did not provide advanced notice or a valid reason for this absence. As a result, this may impact the processing of their claim and their current return-to-work status. A "No-Show" fee in the amount of [Amount, if applicable] has been charged to the file.

Please update your records accordingly. If the employee has provided your office with an explanation for this missed appointment, please contact us immediately.

Sincerely,

[Your Name/Signature]

[Your Title]

[Organization Name]

[Phone Number]