

[Date]

[Claims Adjuster Name]

[Insurance Carrier Name]

[Billing Address]

[City, State, Zip Code]

RE: Notice of Appointment No-Show

Patient Name: [Patient Name]

Claim Number: [Claim Number]

Date of Injury: [Date of Injury]

Date of Appointment: [Appointment Date]

Dear [Claims Adjuster Name],

This letter is to formally notify you that the above-referenced claimant failed to appear for their scheduled medical appointment at our facility on [Appointment Date] at [Appointment Time].

Our records indicate the following regarding this absence:

- The patient did not call to cancel or reschedule.
- The patient was a "No-Call/No-Show."
- [Optional: A missed appointment fee of \$[Amount] has been applied to the account].

As this may impact the patient's treatment plan and work status, we wanted to ensure your records are updated accordingly. Please advise if you would like us to attempt to reschedule this appointment or if further authorization is required.

Should you have any questions, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Your Name/Signature]

[Your Title]

[Facility/Practice Name]