

Date: [Date]

To: [Case Manager Name]

Insurance Carrier: [Insurance Company Name]

Fax/Email: [Contact Information]

**RE: Notice of Appointment Non-Attendance**

Patient Name: [Patient Full Name]

Claim Number: [Claim Number]

Date of Birth: [Patient DOB]

Date of Injury: [Date of Injury]

Dear [Case Manager Name],

This letter is to formally notify you that the above-referenced patient failed to attend their scheduled workers' compensation appointment today, [Date of Appointment], at [Time of Appointment].

Our records indicate the following:

- The patient did not call to cancel or reschedule.
- This is the [1st/2nd/3rd] missed appointment for this patient.
- A "No-Show" fee of \$[Amount] has been applied to the account (if applicable).

We understand that consistent medical evaluation is essential for the management of this claim and the patient's recovery. Please advise if you would like us to reach out to the patient to reschedule or if you will be coordinating the next steps.

If you have any questions, please contact our office at [Office Phone Number].

Sincerely,

[Your Name/Medical Assistant Name]

[Practice/Clinic Name]