

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Claims Adjuster Name]
[Insurance Company Name]
[Company Address]

RE: Reschedule Request for Workers' Compensation Appointment
Claim Number: [Your Claim Number]
Date of Missed Appointment: [Date of No-Show]

Dear [Claims Adjuster Name],

I am writing to express my sincere apologies for missing my scheduled medical appointment with [Doctor/Facility Name] on [Date].

Unfortunately, I was unable to attend due to [briefly state reason, e.g., an unexpected family emergency / transportation failure / illness].

I am fully committed to my recovery and complying with the requirements of my workers' compensation claim. I would like to request that this appointment be rescheduled as soon as possible. Please let me know the new date and time or provide instructions on how I should proceed with the medical provider to book a new slot.

Thank you for your understanding and for your assistance in moving my claim forward.

Sincerely,

[Your Signature]
[Your Printed Name]