

Date: [Date]

To: Dr. [Physician Name]

Facility: [Clinic/Facility Name]

Fax/Email: [Physician Fax or Email Address]

RE: PATIENT APPOINTMENT NO-SHOW

Patient Name: [Patient First and Last Name]

Date of Birth: [Patient Date of Birth]

Claim Number: [Workers Compensation Claim Number]

Date of Injury: [Date of Injury]

Dear Dr. [Physician Last Name],

This letter is to formally notify your office that the above-named patient failed to appear for their scheduled appointment regarding their workers' compensation claim.

Missed Appointment Details:

- **Scheduled Date:** [Date of Missed Appointment]
- **Scheduled Time:** [Time of Missed Appointment]
- **Appointment Type:** [e.g., Follow-up, Physical Therapy, IME]

As this is a workers' compensation case, we are documenting this non-compliance for the patient's medical record and notifying the relevant insurance carrier and/or legal representatives.

Please let us know if the patient has contacted your office to reschedule or if you require further action from our side regarding this claim.

Sincerely,

[Your Name/Signature]

[Your Title/Company Name]

[Phone Number]

cc: [Insurance Adjuster Name]

cc: [Case Manager Name]