

DATE: [Date]

TO: [Employee Name]

CLAIM NUMBER: [Claim Number]

DATE OF INJURY: [Date of Injury]

SUBJECT: WARNING REGARDING MEDICAL APPOINTMENT NON-COMPLIANCE

Dear [Employee Name],

We have been notified that you failed to attend your scheduled medical appointment with [Provider/Clinic Name] on [Date of Appointment] at [Time]. Records indicate that this appointment was missed without prior notification or a valid excuse.

Under Workers' Compensation regulations, you are required to attend all scheduled medical evaluations and treatment sessions related to your workplace injury. Consistent attendance is essential for your recovery and for the ongoing evaluation of your claim.

Please be advised that failure to comply with medical treatment and evaluations may lead to the following consequences:

- Suspension or termination of Workers' Compensation indemnity benefits (wage replacement).
- Delay or denial of medical authorization for future treatments.
- Potential closure of your Workers' Compensation claim.

You are required to contact [Name of Adjuster/Case Manager] at [Phone Number] immediately to explain your absence and to confirm that you have rescheduled this appointment. You must provide proof of the rescheduled date no later than [Deadline Date].

We look forward to your immediate cooperation in this matter to ensure there is no disruption to your benefits.

Sincerely,

[Your Name]

[Your Title]

[Company Name/Insurance Carrier]

cc: [Legal Counsel/Claims Adjuster]