

[Date]

[Insurance Carrier Name]

[Adjuster Name]

[Address]

[City, State, Zip Code]

**RE: Workers' Compensation Appointment No-Show Notification**

**Patient Name:** [Patient Full Name]

**Claim Number:** [Claim Number]

**Date of Injury:** [Date of Injury]

**Missed Appointment Date:** [Date] at [Time]

Dear [Adjuster Name],

This letter is to formally notify you that the above-mentioned patient failed to attend their scheduled physical therapy appointment on [Date]. No prior notice of cancellation or rescheduling was received.

As this is a Workers' Compensation case, we are reporting this lapse in treatment as required by protocol. Our office has attempted to contact the patient to reschedule. The current status of the patient's care is as follows:

- Total missed appointments to date: [Number]
- Next scheduled appointment: [Date/Time or "Pending"]

Consistent attendance is vital for the patient's recovery and successful return to work. Please let us know if there are any updates regarding this claim or if the patient's authorization status has changed.

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

Sincerely,

[Provider Name/Signature]

[Clinic Name]

[Phone Number]

cc: [Patient Name]