

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**RE: Workers' Compensation Claim Follow-Up Appointment**

**Claim Number:** [Claim Number]

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

Dear [Patient Name],

This letter is to inform you that you missed your scheduled follow-up workers' compensation medical appointment on [Date of Missed Appointment] at [Time].

Consistent follow-up care is a requirement for your workers' compensation benefits and is essential for your recovery and return-to-work status. Please contact our office at [Phone Number] within [Number] hours to reschedule this appointment.

Please be advised that your employer and the workers' compensation insurance carrier, [Insurance Carrier Name], have been notified of this missed appointment. Failure to attend scheduled medical evaluations may result in a delay or suspension of your benefits.

If you have already rescheduled or believe this notice was sent in error, please disregard this letter.

Sincerely,

[Sender Name/Provider Name]

[Facility Name]

[Phone Number]

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**CC:**

[Insurance Adjuster Name]

[Employer Name / HR Department]