

[Date]

[Worker Name]

[Address]

[City, State, Zip]

Re: Claim Number: [Claim Number]

SUBJECT: WARNING REGARDING MISSED MEDICAL APPOINTMENT

Dear [Worker Name],

This letter is to formally notify you that you failed to attend your scheduled workers' compensation medical appointment on [Date] at [Time] with [Doctor/Clinic Name].

Your attendance at scheduled medical examinations and treatment sessions is a mandatory requirement for your workers' compensation claim. Failure to attend these appointments without a valid excuse may result in the following actions:

- Suspension or termination of your temporary disability indemnity (wage replacement) payments.
- Delay in the processing of your claim.
- Potential denial of future medical treatment.
- Responsibility for "no-show" fees charged by the medical provider.

If you have a valid reason for missing this appointment, you must contact [Name/Department] at [Phone Number] immediately to provide documentation and reschedule.

Please be advised that future missed appointments will result in the immediate suspension of your benefits as permitted by law.

Sincerely,

[Sender Name]

[Title]

[Company Name]