

Date: [Date]

To: [Claims Adjuster Name/Insurance Carrier]

Company: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

RE: Notice of Appointment No-Show

Claimant Name: [Patient Name]

Claim Number: [Claim Number]

Date of Birth: [DOB]

Date of Injury: [Date of Injury]

Dear [Claims Adjuster Name],

This letter serves as formal notification that the claimant, [Patient Name], failed to appear for their scheduled Workers' Compensation specialist evaluation today, [Date of Appointment], at [Time of Appointment].

Our records indicate that the appointment was confirmed on [Date of Confirmation] via [Method of Confirmation]. The claimant did not provide prior notice of cancellation or rescheduling.

As a result of this no-show, a missed appointment fee of \$[Amount] has been applied to this case, as per our agreement/state fee schedule. Please find the invoice for this fee attached.

Please advise if you would like to reschedule this evaluation or how you wish to proceed with this claim. We will await further instructions from your office before scheduling a new date.

Sincerely,

[Your Name/Representative Name]

[Facility Name]

[Phone Number]

[Email Address]