

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notification of Missed Appointment / Policy Violation

Dear [Patient Name],

This letter is to inform you that our records indicate you missed a scheduled appointment on [Date] at [Time] with [Provider Name] without providing the required 24-hour notice for cancellation.

At [Clinic Name], we strive to provide timely care to all our patients. When an appointment is missed without notice, it prevents other patients in need of medical attention from being seen during that time slot. As a result, this is considered a violation of our clinic's missed appointment policy.

Please be advised of the following:

- A "No-Show" fee of \$[Amount] has been applied to your account.
- This fee must be settled prior to scheduling your next appointment.
- Repeated violations of this policy may result in dismissal from our practice.

We understand that emergencies occur. If there were extenuating circumstances regarding your absence, please contact our office manager at [Phone Number] to discuss your situation.

If you need to reschedule this missed appointment, please call us at your earliest convenience.

Sincerely,

[Clinic Name] Management

[Phone Number]

[Website]