

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Update Regarding Our No-Show Policy

Dear [Patient Name],

At [Clinic Name], our goal is to provide quality care to all our patients in a timely manner. When a patient misses an appointment without notifying us, it prevents other patients from receiving the care they need.

Effective [Date], we are implementing the following No-Show Policy:

- **Cancellation Notice:** Please provide at least [Number] hours' notice if you need to cancel or reschedule your appointment.
- **No-Show Fee:** A fee of \$[Amount] will be charged to your account for any appointment missed without prior notification.
- **Late Arrivals:** If you arrive more than [Number] minutes late, we may need to reschedule your appointment to ensure other patients are seen on time.
- **Policy Enforcement:** After [Number] missed appointments, we reserve the right to discharge you from our practice.

We understand that emergencies happen. If you have an unavoidable conflict, please call us as soon as possible at [Phone Number].

Thank you for your cooperation and for choosing [Clinic Name] for your healthcare needs.

Sincerely,

[Practice Manager Name]

[Clinic Name]