

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of No-Show Policy Violation

Dear [Patient Name],

This letter is to inform you that our records show you did not attend your scheduled appointment on [Date] at [Time] and did not provide the required [Number of Hours] hours' notice to cancel or reschedule.

At [Clinic Name], we strive to provide timely care to all our patients. When an appointment is missed without notice, it prevents other patients from receiving necessary medical attention. As a result of this missed appointment, a "No-Show" fee of \$[Amount] has been applied to your account.

Please be advised of our policy regarding missed appointments:

- Cancellations must be made at least [Number] hours in advance.
- Missing [Number] appointments within a [Number]-month period may result in discharge 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.

To settle your balance or to reschedule your next visit, please call us or visit our patient portal. We value you as a patient and look forward to continuing your care.

Sincerely,

[Administrator Name]

Clinic Administrator

[Clinic Name]