

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment No-Show and Policy Reminder

Dear [Patient Name],

This letter is to inform you that we missed you at your scheduled appointment on [Date] at [Time].

We understand that unexpected circumstances can arise; however, when an appointment is missed without prior notice, it prevents other patients from receiving necessary care. As a reminder, our clinic policy requires at least [Number] hours of notice for any cancellations or rescheduling.

According to our records, this is your [First/Second/Third] missed appointment. Please be advised of the following:

- A "No-Show" fee of \$[Amount] has been applied to your account.
- Future appointments may be restricted if additional no-shows occur.
- Repeated missed appointments may result in discharge from our practice.

We value you as a patient and want to ensure you receive the medical attention you need. Please contact our office at [Phone Number] to pay any outstanding fees and to reschedule your visit.

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

Sincerely,

[Staff Name/Department]

[Clinic Name]

[Phone Number]