

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Notification Regarding Repeated Missed Appointments

Dear [Client Name],

This letter is to follow up regarding your missed appointments on [Date 1], [Date 2], and [Date 3]. Our records indicate that these sessions were missed without prior notification or cancellation.

As outlined in our signed informed consent and office policy, consistent attendance is essential for the effectiveness of your therapy. Repeated "no-shows" limit our ability to provide care to other clients who may be waiting for an appointment time.

Due to these repeated absences, your recurring appointment slot has been released. If you wish to continue your treatment, please contact our office by [Date] to discuss your treatment plan and schedule a new appointment. Please note that a missed appointment fee of \$[Amount] has been applied to your account for each of these occurrences.

If we do not hear from you by [Date], we will assume you no longer wish to continue services at this time and your case will be closed. We are happy to provide you with referrals to other providers if you feel this practice is no longer a good fit for your needs.

We value your progress and hope to hear from you soon to resolve this matter.

Sincerely,

[Therapist Name, Credentials]

[Practice Name]

[Phone Number]

[Email Address]