[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Notice of Missed Medical Appointment

Claim Number: [Claim Number]
Date of Injury: [Date of Injury]

Dear [Employee Name],

This letter is to notify you that we were informed you missed a scheduled medical appointment with [Provider/Clinic Name] on [Date of Appointment] at [Time].

Under Workers' Compensation regulations, it is your responsibility to attend all authorized medical evaluations and treatments related to your claim. Regular attendance is necessary to ensure you receive appropriate care and to document your ongoing recovery process.

Please be advised that missing appointments without a valid excuse or prior notification may result in:

- The assessment of "no-show" fees, which may be your personal financial responsibility.
- Delays in the processing of your claim.
- Potential suspension or interruption of your disability benefits.

If you have a valid reason for missing this appointment, please contact your Claims Adjuster, [Adjuster Name], at [Phone Number] immediately. You must also contact [Provider Name] at [Provider Phone Number] to reschedule this appointment as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]

cc: [Insurance Carrier/Legal Representative]