[Date]

[Payer Name / Insurance Company]
[Claims Department Address]
[City, State, Zip Code]

RE: Notification of Missed Appointment (No-Show)

Patient Name: [Patient Full Name]
Subscriber ID: [Policy/Member Number]
Date of Birth: [MM/DD/YYYY]
Claim/Authorization Number: [Number, if applicable]

To Whom It May Concern,

This letter is to formally notify you that the above-named patient failed to attend their scheduled appointment on [Date of Missed Appointment] at [Time]. No prior notice of cancellation was received.

Per our office policy and/or your provider agreement, we are reporting this absence for your records. Please note the following regarding this occurrence:

- A "no-show" fee of $[Amount] has been applied to the account (if applicable).
- The patient has been contacted to reschedule their care.
- Documentation of this missed visit has been placed in the patient's clinical file.

If your policy requires specific action regarding missed sessions or impact on future authorizations, please update the patient's file accordingly. If you require any further documentation regarding this missed appointment, please contact our office at [Phone Number].

Sincerely,

[Your Name/Practice Name]
[Title/Department]
[Contact Information]