Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID Number]

Subject: Notice of Missed Health Plan Appointment

Dear [Employee Name],

This letter is to inform you that our records indicate you missed a scheduled appointment with [Provider Name/Health Clinic] on [Date of Appointment] at [Time].

As a participant in the [Company Name] Employer Sponsored Health Plan, timely attendance at scheduled appointments is important for maintaining your health benefits and ensuring efficient service for all members.

Important Information Regarding Missed Appointments:

- **Rescheduling:** Please contact the provider directly at [Phone Number] to reschedule your appointment as soon as possible.
- **Fees:** Per the terms of our health plan policy, a "no-show" fee of [Amount] may be charged to your account.
- **Program Compliance:** Repeated missed appointments may impact your eligibility for certain wellness incentives or premium discounts.

If you believe this record is in error, or if you had an emergency that prevented you from attending, please contact the Benefits Department at [Phone Number] or [Email Address] within [Number] days.

Thank you for your prompt attention to this matter and for your cooperation in maintaining the effectiveness of our health program.

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Information]