[Date]

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

Member ID: [ID Number]

Subject: Notification of Missed Appointment

Dear [Member Name],

Our records show that you missed a scheduled appointment with [Provider Name/Clinic Name] on [Date of Appointment] at [Time].

We understand that unexpected things happen. However, keeping your medical appointments is an important part of staying healthy. If you missed this appointment because you have concerns about your care or are facing challenges with transportation, please contact us so we can help.

What you should do next:

- **Reschedule:** Please call [Provider Phone Number] as soon as possible to schedule a new appointment.
- **Cancel in Advance:** If you cannot make a future appointment, please call the doctor's office at least 24 hours in advance to cancel or change it.
- **Transportation:** As a Medicaid Managed Care member, you may be eligible for free transportation to your medical visits. Call [Transportation Help Line] if you need a ride.

If you have already rescheduled this appointment, please disregard this letter.

If you have questions or need help finding a different provider, please call Member Services at [Member Services Phone Number], [Hours of Operation]. TTY users should call [TTY Number].

Sincerely,

[Sender Name/Department]
[Health Plan Name]